

Patient Discharge Data File Documentation

Public File

January – December 2011

SAS Version 9.2

Comma-Delimited Text File

Patient Discharge Data
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INTRODUCTION

General Information:

The California Office of Statewide Health Planning and Development (OSHPD) provides public datasets of inpatient data collected from California-licensed hospitals in California. The datasets consist of a record for each inpatient discharged from a California-licensed hospital. Licensed hospitals include general acute care, acute psychiatric, chemical dependency recovery, and psychiatric health facilities. For more details on the definitions of the data reported by hospitals see the California Inpatient Data Reporting Manual at www.oshpd.ca.gov/HID/MIRCal/IPManual.html.

The public data is released yearly by OSHPD once it has been screened by the automated reporting software (MIRCal) and corrected by the individual facilities. Because of its size, the patient discharge data is divided into three separate files based on the geographic location of the facility as indicated below:

- Los Angeles County
- Southern California (includes Imperial, Orange, Riverside, San Bernardino, San Diego, Santa Barbara, and Ventura counties)
- Northern California (remaining counties)

Appendix A provides a record count for each file.

Masked Variables:

To protect patient confidentiality, records with unique combinations of certain demographic variables will have one or more of those variables masked to make sure the files are de-identified. In most cases masking involves defaulting the variable. Each unique record will have the minimum number of fields masked to an asterisk "*" or missing to ensure it is no longer unique.

The variable masking occurs in the following order:

ORDER OF MASKING	DATA FIELDS SUBJECT TO MASKING
1 st	Age in Years (at Admission)
2 nd	Ethnicity
3 rd	Race
4 th	Sex
5 th	Age Range (20 categories)
6 th	Age Range (5 categories)
7 th	Admission Quarter
8 th	Patient ZIP Code (5-digit)*
9 th	Small County Groups**
10 th	Patient ZIP Code (3-digit)*
11 th	Hospital Identification Number
	 *Five-digit ZIP will be masked to three-digits; if record is still unique, ZIP will be totally masked with an asterisk. **Small counties with total populations of 30,000 or less are grouped into 3 categories: Central (CE), Northeastern (NE), and Northwestern (NW).

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Important Facts:

- Loma Linda University Medical Center – Murrieta (106334589) was forced to discontinue data correction efforts for the July-Dec 2011 reporting period because they failed to file an approved data report within 60 days of the original due date.
- USC Kenneth Norris, Jr. Cancer Hospital (106191216) remained open but had no data to report for the July-December 2011 reporting period

Openings, Closures, Ownership Changes:

- Crestwood San Jose Psychiatric Health Facility (106484220) opened on 03/02/11.
- Loma Linda University Medical Center – Murrieta (106334589) opened on 04/12/11.
- North Valley – Solano County Psychiatric Health Facility (106484028) closed on 01/06/11
- Crestwood Psychiatric Health Facility – Fresno (106104089) new ownership on 01/24/11. Was Fresno County Psychiatric Health Facility.
- Kindred Hospital Riverside (106332172) new ownership on 02/08/11. Was Vista Hospital of Riverside
- Kindred Hospital Rancho (1063641888) new ownership on 03/01/11. Was Rancho Speciality Hospital

Modification and Exception Reports:

Some facilities have applied for and been granted "modifications" to standard inpatient data reporting requirements. Other facilities were unable to complete specific fields as required and were deemed "non-compliant" at the time of reporting. See Appendix I – Modifications, Non-Compliance, Exceptions for a listing of all non-compliant facilities and those with approved modifications and their affected variables.

Consolidation Facility Listing:

When multiple facility locations operate under one hospital license, the licensed entity is considered a consolidated provider. These types of facilities can report patient-level data as either separate entities, or, aggregated, as one consolidated provider. Appendix L – Consolidation Facility Listing shows the reporting facilities and their consolidated status at the time the data in this file was collected.

Importing Notes:

There are several fields that, although they appear to contain numeric data, should be treated as text (character). This is particularly important when working with diagnosis and procedure codes. These fields are comprised of ICD-9-CM (diagnosis) and CPT (procedure) codes. Diagnosis and procedure codes are stored without decimals and many contain leading zeros. For example, the ICD-9-CM code for Salmonella Gastroenteritis is "003.0" (implied decimal following the third digit from the left). If it is not formatted as text, the leading zeros may be dropped and the code will appear as an invalid diagnosis code of "30".

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File Format:

In the comma-delimited set, the length of each field and the length of each record will vary according to the data reported. To assist you in using the comma-delimited, patient-level datasets, a header row identifying each data element is provided in the position of the first record. The SAS dataset was created using SAS version 9.2 for Windows.

The attributes for each data field is provided on the following pages.

What's New:

Do Not Resuscitate (DNR):

The new ICD-9-CM code V49.86 (Do Not Resuscitate Status) does not change OSHPD's reporting requirement for the data element Pre-hospital Care and Resuscitation/Do Not Resuscitate (DNR).

There is one important distinction between OSHPD's DNR reporting requirement and the reporting of V49.86, the time frame.

- OSHPD requires that a hospital report "Yes" if a DNR Order was written "at the time of or within the first 24 hours of the patient's admission."
- For the V49.86 code, effective October 1, 2010, the Official Coding Guidelines state that "this code may be used when a provider documents that a patient is on a 'do not resuscitate' status at any time during the stay".

Because of these reporting criteria differences, a patient's record could be reported as "No" for OSHPD's DNR reporting requirement along with the V49.86 status code. This may indicate that the patient's health status significantly worsened during the stay and resulted in a change to the DNR status. Similarly, a patient's record could be reported as "Yes" for OSHPD's DNR reporting requirement, but without the V49.86 code.

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File Documentation

Hospital Identification Number

Field Name: oshpd_id
Definition: A unique six-digit identifier assigned to each facility by the Office of Statewide Health Planning and Development. The first two digits indicate the county in which the facility is located. The last four digits are unique within each county. A list of facility numbers and their names are provided in Appendix B - Discharges by Facility.
Variable Type: Character
SAS Length: 6

Type of Care

Field Name: typ_care
Definition: Defined by the California Health and Safety Code, this refers to the licensure of the bed occupied by an inpatient. The types of care are documented on the official license issued by Licensing and Certification of the California State Department of Public Health.
Variable Type: Character
SAS Length: 1
0 = Invalid / Blank
1 = Acute Care
3 = Skilled Nursing / Intermediate Care (includes GAC approved swing beds)
4 = Psychiatric Care
5 = Chemical Dependency Recovery Care
6 = Physical Rehabilitation Care

Age in Years (at Admission)

Field Name: age_yrs
Definition: Age of the patient at admission. This is based on the reported admission date and patient's date of birth. If the date of birth is unknown or invalid the age in years is set to "0". Patient records with a calculated age at admission greater than 120 years are assigned a value of 120 years.
Variable Type: Numeric
SAS Length: 3

Age Range (20 categories)

Field Name: agecat20
Definition: Age range (based on 20 categories) of the patient at admission.
01 = Under 1 year 11 = 45-49 years
02 = 1-4 years 12 = 50-54 years
03 = 5-9 years 13 = 55-59 years
04 = 10-14 years 14 = 60-64 years
05 = 15-19 years 15 = 65-69 years

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06 = 20-24 years	16 = 70-74 years
07 = 25-29 years	17 = 75-79 years
08 = 30-34 years	18 = 80-84 years
09 = 35-39 years	19 = 85 years or greater
10 = 40-44 years	00 = Unknown age

Variable Type: Character

SAS Length: 2

Age Range (5 categories)

Field Name: agecat5

Definition: Age range (based on 6 categories) of the patient at time of admission.

1 = Under 1 year	4 = 35-64 years
2 = 1-17 years	5 = 65 years or greater
3 = 18-34 years	0 = Unknown age

Variable Type: Character

Variable Length: 1

Gender

Field Name: sex

Definition: Gender of the patient for the current admission. "Other" includes sex changes, undetermined sex, and live births with congenital abnormalities that obscure sex identification. "Unknown" indicates that the patient's gender was not available from the medical record. Reported invalid values for sex were defaulted to missing "."

. = Invalid
1 = Male
2 = Female
3 = Other
4 = Unknown

Variable Type: Character

SAS Length: 1

Ethnicity

Field Name: ethncty

Definition: Ethnicity (self reported) of the patient. Patients who could not or refused to declare their ethnicity were coded as "3" (Unknown). Reported invalid and missing values for ethnicity were defaulted to "0". Detailed definitions of Ethnicity and Race are provided in Appendix E - Race and Ethnicity Codes Definitions.

0 = Invalid
1 = Hispanic
2 = Non-Hispanic
3 = Unknown

Variable Type: Character

SAS Length: 1

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Race

Field Name: race

Definition: Patient's racial background (self reported). Hospitals are instructed to report race as "unknown" if a patient could not or would not declare their race. Reported invalid or missing values for race were defaulted to "0". Detailed definitions of Ethnicity and Race are provided in Appendix E - Race and Ethnicity Codes Definitions.

- 0 = Invalid / Blank
- 1 = White
- 2 = Black
- 3 = Native American / Eskimo / Aleut
- 4 = Asian / Pacific Islander
- 5 = Other
- 6 = Unknown

Variable Type: Character

SAS Length: 1

Patient ZIP Code

Field Name: patzip

Definition: The patient's 5-digit ZIP Code of residence. If the ZIP Code is unknown it is assigned a value of XXXXX. Foreign residents are assigned a ZIP Code of YYYYY and homeless are assigned a ZIP Code of ZZZZZ. If only the city of residence is known, the first three digits of the ZIP Code are reported followed by two zeros. Invalid and blank ZIP Codes are set to 00000.

Variable Type: Character

SAS Length: 5

Patient County

Field Name: patcnty

Definition: The patient's county of residence. OSHPD assigns the county of residence based on the patient's reported ZIP Code. Because ZIP Codes can cross county boundaries, OSHPD assigns the county with the greatest population in the respective ZIP Code. Invalid, blank, unknown ZIP Codes as well as patients residing outside California and the homeless are assigned a county code value of 00.

- | | | | |
|-------------------|------------------|----------------------|-----------------|
| 01 = Alameda | 16 = Kings | 31 = Placer | 46 = Sierra |
| 02 = Alpine | 17 = Lake | 32 = Plumas | 47 = Siskiyou |
| 03 = Amador | 18 = Lassen | 33 = Riverside | 48 = Solano |
| 04 = Butte | 19 = Los Angeles | 34 = Sacramento | 49 = Sonoma |
| 05 = Calaveras | 20 = Madera | 35 = San Benito | 50 = Stanislaus |
| 06 = Colusa | 21 = Marin | 36 = San Bernardino | 51 = Sutter |
| 07 = Contra Costa | 22 = Mariposa | 37 = San Diego | 52 = Tehama |
| 08 = Del Norte | 23 = Mendocino | 38 = San Francisco | 53 = Trinity |
| 09 = El Dorado | 24 = Merced | 39 = San Joaquin | 54 = Tulare |
| 10 = Fresno | 25 = Modoc | 40 = San Luis Obispo | 55 = Tuolumne |

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11 = Glenn	26 = Mono	41 = San Mateo	56 = Ventura
12 = Humboldt	27 = Monterey	42 = Santa Barbara	57 = Yolo
13 = Imperial	28 = Napa	43 = Santa Clara	58 = Yuba
14 = Inyo	29 = Nevada	44 = Santa Cruz	
15 = Kern	30 = Orange	45 = Shasta	
00 = Not a California county			

Variable Type: Character
SAS Length: 2

Admission Quarter

Field Name: adm_qtr
Definition: The calendar quarter the patient was admitted.
1 = January-March
2 = April-June
3 = July-September
4 = October-December

Variable Type: Character
SAS Length: 1

Admission Year

Field Name: adm_yr
Definition: The year the patient was admitted.
Variable Type: Character
SAS Length: 4

Length of Stay

Field Name: los
Definition: Total number of days from admission date to discharge date. Patients admitted and discharged on the same day are assigned a length of stay of "0" days. For length of stay calculations, data users may desire to use the "adjusted length of stay" variable, where "0" days are recoded to "1" day.
Variable Type: Numeric
SAS Length: 5

Source of Admission

Field Name: adm_src
Definition: The site and licensure where the patient originated and the route by which the patient was admitted. See Appendix D - Source of Admission and Disposition Definitions for more detailed definitions of these codes. The source code consists of three digits:

The first digit represents the site from which the patient originated:

1 = Home	6 = Other Inpatient Hospital Care
2 = Residential Care Facility	7 = Newborn (born in admitting hospital)
3 = Ambulatory Surgery	8 = Prison / Jail

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4 = Skilled Nursing / Intermediate Care 9 = Other
5 = Acute Inpatient Hospital Care 0 = Invalid / Blank

The second digit describes the license of site from which the patient originated:

1 = The admitting hospital
2 = Another hospital
3 = Not a hospital
0 = Invalid / blank

The third digit describes the route by which the patient was admitted:

1 = The admitting hospital's Emergency Room (ER)
2 = No ER or another facility's ER
0 = Invalid / blank

Variable Type: Character
SAS Length: 3

Type of Admission

Field Name: adm_type
Definition: When the patient's admission was arranged.

1 = Scheduled (arranged with the hospital at least 24 hours prior to the admission)
2 = Unscheduled (not arranged with the hospital at least 24 hours prior to the admission)
3 = Infant (under 24 hrs old)
4 = Unknown
0 = Invalid / Blank

Variable Type: Character
SAS Length: 1

Disposition

Field Name: disp
Definition: The consequent arrangement or event ending a patient's stay in the hospital. For detailed definitions see Appendix D - Source of Admission and Disposition Definitions.

01 = Routine (home)
02 = Acute Care within the admitting hospital
03 = Other Care within the admitting hospital
04 = Skilled Nursing / Intermediate Care (SN/IC) within the admitting hospital
05 = Acute Care at another hospital
06 = Other Care (not SN/IC) at another hospital
07 = Skilled Nursing / Intermediate Care (SN/IC) at another facility
08 = Residential Care Facility
09 = Prison / Jail
10 = Left Against Medical Advice
11 = Died
12 = Home Health Service
13 = Other
00 = Invalid / Blank

Variable Type: Character
SAS Length: 2

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Expected Source of Payment – Payer Category

Field Name: pay_cat
Definition: The type of entity or organization expected to pay the greatest share of the patient's bill. For a complete list of definitions for these payer categories see Appendix C - Expected Source of Payment Definitions and Plan Code Numbers.

- 01 = Medicare
- 02 = Medi-Cal
- 03 = Private Coverage
- 04 = Workers' Compensation
- 05 = County Indigent Programs
- 06 = Other Government
- 07 = Other Indigent
- 08 = Self Pay
- 09 = Other Payer
- 00 = Invalid/ Blank

Variable Type: Character
SAS Length: 2

Expected Source of Payment – Type of Coverage

Field Name: pay_type
Definition: Indicates the type of coverage (HMO, non-HMO managed care, or Fee-for-Service) for the following reported categories: Medicare, Medi-Cal, Private Coverage, Workers' Compensation, County Indigent Programs, and Other Government. Type of coverage is not reported for the following categories: other indigent, self pay, or other payer. Appendix C - Expected Source of Payment Definitions and Plan Code Numbers.

- 0 = Not Applicable
- 1 = Managed Care – Knox-Keene/Medi-Cal County Organized Health System (MCOHS)
- 2 = Managed Care – Other
- 3 = Traditional Coverage

Variable Type: Character
SAS Length: 1

Expected Source of Payment – Plan Code Number

Field Name: pay_plan
Definition: This four-digit code number refers to the name of those plans which are licensed under the Knox-Keene Healthcare Service Plan Act of 1975 or designated as a Medi-Cal County Organized Health System (MCOHS). For a complete list of plan codes and names see Appendix C - Expected Source of Payment Definitions and Plan Code Numbers.

Variable Type: Character
SAS Length: 4

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Total Charges

Field Name: charge

Definition: Total Charges include all charges for services rendered during the length of stay for patient care at the facility, based on the hospital's full established rates (before contractual adjustments). Charges include, but are not limited to, daily hospital services, ancillary services and any patient care services. Hospital-based physician fees are excluded. Prepayments (e.g., deposits and prepaid admissions) are not deducted from Total Charges.

Total charges are reported in whole numbers. When no charge is generated (e.g. charity care) then Total Charges are assigned a value of \$1. If the charge was unknown or an invalid value reported then the charge is assigned a value of \$0. Total charges of \$9,999,999 indicates the actual charges exceed the maximum seven digit input field size. When a patient's length of stay is more than 1 year (365 days), only the last 365 days of charges are reported. Use the following formula to adjust total charges to reflect stays more than 1 year in length:

Adjusted Total Charges = (Total Charges / 365 days) x Length of Stay

For more information on charges related to total package, interim billing, physician professional component, and organ donors see the California Inpatient Data Reporting Manual – Total charges section.

(<http://oshpd.ca.gov/HID/MIRCal/IPManual.html>)

Variable Type: Numeric

SAS Length: 7

Do Not Resuscitate (DNR) Order (Pre-Hospital Care & Resuscitation)

Field Name: dnr

Definition: A "Do Not Resuscitate" (DNR) is a directive from a physician documented in a patient's current inpatient record instructing that the patient is not to be resuscitated in the event of a cardiac or pulmonary arrest. In the event of a cardiac or pulmonary arrest, resuscitative measures include, but are not limited to, the following: cardiopulmonary resuscitation (CPR), intubation, defibrillation, cardioactive drugs, or assisted ventilation. If a DNR order is written at the time of or within 24 hours of patient's admission and is then discontinued at some later time during the patient's hospital stay, the DNR is reported as "Y" for yes. If a DNR order is written after the first 24 hours of admission, the DNR is reported as "N" for no. All blank, missing and invalid codes have been defaulted to "0".

0 = Unknown

Y = Yes, a DNR order was written at the time of or within the first 24 hours of the patient's admission

N = No, a DNR order was not written or written at the time of or within the first 24 hours of the patient's admission

Variable Type: Character

SAS Length: 1

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Major Diagnostic Category (MDC)

Field Name: MDC

Definition: MDCs are mutually-exclusive categories containing all possible principal diagnosis areas. The diagnoses in each MDC correspond to a single major organ system or etiology, and, in general, are associated with a particular medical specialty. Some MDCs are residual categories containing diseases or disorders that could not be assigned to an organ system-based MDC. The MDC is based on the principal diagnosis. The MDC is given “00” by the grouper for records that are ungroupable. Ungroupable records include those where the principal diagnosis is not an existing ICD-9-CM code or the sex code does not logically relate to the diagnosis or procedure.

Note: Beginning with 2008 data the new Medicare Severity DRG grouper was used. Coinciding with this change, OSHPD now applies each new grouper version to discharges based on the federal release date (usually October 1 of each year). For a list of MDC codes and labels see Appendix G - Major Diagnosis Categories (MDCs).

Variable Type: Character

SAS Length: 2

Medicare Severity-Diagnosis Related Group (MS-DRG)

Field Name: MSDRG

Definition: MS-DRG Grouper version 26.0 was applied to all discharges from October 1, 2008 through September 30, 2009. MS-DRG Grouper version 27.0 applies to discharges from October 1, 2009 through September 30, 2010 (the Federal fiscal year). For the 2011 data, Version 28.0 (Jan-Sept 2011 discharges) and Version 29.0 (Oct-Dec 2011 discharges) of the MS-DRG Grouper were applied. For a list of MS-DRG codes and labels see Appendix H - Medicare Severity-Diagnosis Related Groups (MS-DRGs).

Variable Type: Character

SAS Length: 3

MS-DRG Category

Field Name: cat_code

Definition: Each MS-DRG is categorized into one of three codes: Medical, Surgical, or Ungroupable. MS-DRG Grouper version 25.0 was applied to all discharges from January 1, 2008 through September 30, 2008. MS-DRG Grouper version 26.0 applies to discharges from October 1, 2008 through September 30, 2009 (the Federal fiscal year). For a list of MS-DRG codes and labels see Appendix H - Medicare Severity-Diagnosis Related Groups (MS-DRGs).

M = Medical MS-DRG

S = Surgical MS-DRG

X = Ungroupable MS-DRG

Variable Type: Character

SAS Length: 1

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MS-DRG Severity Code

Field Name: sev_code

Definition: MS-DRGs are assigned based on the presence/absence of a complication/comorbidity (CC) or major complication/comorbidity (MCC). MCCs are reserved for the more severely ill patients with life-threatening conditions. The revised CCs are reserved for patients with significant acute diseases, acute exacerbation of chronic diseases, advanced or endstage chronic diseases, or chronic diseases associated with extensive debility. The list of ICD-9 codes for CC or MCC are mutually exclusive.

0 = MS-DRG assignment not based on the presence of CC or MCC
1 = MS-DRG assignment is based on the presence of MCC
2 = MS-DRG assignment is based on the presence of CC

Variable Type: Character
SAS Length: 1

MS-DRG Grouper Version

Field Name: grouper

Definition: The grouper version number indicates the revised year. In transitioning from the DRG grouper to the MS-DRG grouper, OSHPD began applying the new MS-DRG grouper to discharges beginning on January 1, 2008. October 1st of each year, OSHPD now applies the latest version.

28.0 – includes discharges from October 1, 2010 through September 30, 2011.
29.0 – includes discharges from October 1, 2011 through September 30, 2012.

Variable Type: Character
SAS Length: 4

External Cause of Injury – Principal E-Code

Field Name: ecode_p

Definition: The external cause of injury or poisoning or adverse effect code (E800-E999) which describes the mechanism that resulted in the most severe injury, poisoning, or adverse effect related to the admission. An E-code is to be reported on the record for the first episode of care reportable to OSHPD during which the injury, poisoning, and/or adverse effect was diagnosed and/or treated. They are coded according to the ICD-9-CM.

Variable Type: Character (implied decimal after the 4th character from the left)
SAS Length: 5

External Cause of Injury – Other E-Code (up to 4)

Field Name(s): ecode1 – ecode4

Definition: The additional external cause of injury or poisoning or adverse effect codes (E800-E999) that completely describe the mechanisms that contributed to, or the causal events surrounding, any injury, poisoning, or adverse effect. Up to 4 other E-Codes should be included for the first reported episode of

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care for which the injury, poisoning, or adverse effect was first diagnosed and/or treated only. They are coded according to the ICD-9-CM. Codes

Variable Type: Character (implied decimal after the 4th character from the left)

SAS Length: 5

Present on Admission (POA) – Principal E-Code

Field Name(s): epoa_p

Definition: An External Cause of Injury is considered present on admission (POA) if it is identified in the history and physical examination or documented in the current inpatient medical records (e.g., emergency room, initial progress, initial nursing assessment, clinic/office notes). Facilities were required to begin POA reporting on principal E-Codes for all reported discharges on or after July 1, 2008.

Y = Present at admission
N = Not present at admission
U = Unknown due to insufficient documentation
W = Clinically undetermined by the physician
E = Exempt from POA reporting
0 = Invalid / blank

Variable Type: Character

SAS Length: 1

Present on Admission (POA) – Other E-Codes (up to 4)

Field Name(s): epoa1-epoa4

Definition: An External Cause of Injury is considered present on admission (POA) if it is identified in the history and physical examination or documented in the current inpatient medical records (e.g., emergency room, initial progress, initial nursing assessment, clinic/office notes). Facilities were required to begin POA reporting on other E-Codes for all reported discharges on or after July 1, 2008.

Y = Present at admission
N = Not present at admission
U = Unknown
W = Clinically undetermined
E = Exempt from POA reporting
0 = Invalid / blank

Variable Type: Character

SAS Length: 1

Principal Diagnosis

Field Name(s): diag_p

Definition: The condition established, after study, to be the chief cause of the admission of the patient to the hospital for care. Diagnoses are coded according to the ICD-9-CM.

Variable Type: Character (implied decimal after the 3rd character from the left)

SAS Length: 5

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Other Diagnoses (up to 24)

Field Name(s): odiag1-odiag24
Definition: All other conditions that coexist at the time of admission, that develop subsequently during the hospital stay, or that affect the treatment received and/or the length of stay. Diagnoses that relate to an earlier episode that have no bearing on the current hospital stay are excluded. They are coded according to the ICD-9-CM. If the reported principal diagnosis code is invalid or missing, it is assigned a default value of 799.9.
Variable Type: Character (implied decimal after the 3rd character from the left)
SAS Length: 5

Present on Admission (POA) – Principal Diagnosis

Field Name(s): poa_p
Definition: A condition is considered present on admission (POA) if it is identified in the history and physical examination or documented in the current inpatient medical records (e.g., emergency room, initial progress, initial nursing assessment, clinic/office notes). Beginning October 1, 2007, hospitals were required to report two additional indicators for a new standard claims data element Present on Admission (POA). “W” was reported for diagnoses if the physician was unable to clinically determine if the diagnosis was present at admission or not. A “1” was reported for diagnoses that are exempt from POA reporting. As a result, OSHPD allowed hospitals to report these two new POA indicators to minimize their hardship between national standards and OSHPD reporting. From October 1, 2007 through June 30, 2008, the new POA indicators were not edited for accuracy and remain as the hospital reported them. Facilities were required to begin POA reporting for all discharges on or after July 1, 2008. Invalid values are set to 0.

Y = Present at admission
N = Not present at admission
U = Unknown
W = Clinically undetermined
E = Exempt from POA reporting
0 = Invalid / missing / blank

Variable Type: Character
SAS Length: 1

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Present on Admission (POA) – Other Diagnoses (up to 24)

Field Name(s): opoa1- opoa24

Definition: A condition is considered present on admission (POA) if it is identified in the history and physical examination or documented in the current inpatient medical records (e.g., emergency room, initial progress, initial nursing assessment, clinic/office notes). Beginning October 1, 2007 hospitals were required to report two additional indicators for a new standard claims data element Present on Admission (POA). “W” was reported for diagnoses if the physician was unable to clinically determine if the diagnosis was present at admission or not. A “1” was reported for diagnoses that are exempt from POA reporting. As a result, OSHPD allowed hospitals to report these two new POA indicators to minimize their hardship between national standards and OSHPD reporting. From October 1, 2007 through June 30, 2008, the new POA indicators were not edited for accuracy and remain as the hospital reported them. Facilities were required to begin POA reporting for all discharges on or after July 1, 2008. Invalid values are set to 0.

Y = Present at admission

N = Not present at admission

U = Unknown

W = Clinically undetermined

E = Exempt from POA reporting

0 = Invalid / missing / blank

Variable Type: Character

SAS Length: 1

Principal Procedure

Field Name(s): proc_p

Definition: The procedure that is the one that was performed for definitive treatment rather than one performed for diagnostic or exploratory purposes or was necessary to take care of a complication. If there appear to be two procedures that are principal, then the one most related to the principal diagnosis was reported as principal procedure. When a patient is admitted within 72 hours (3 days) of a procedure performed in a licensed ambulatory surgery facility or as an outpatient in a hospital, the admitting hospital is required, under billing requirements, to add the procedure (and date) to the inpatient record. Therefore, procedures performed up to 3 days prior to admission are reported. Procedures are coded according to the ICD-9-CM.

Variable Type: Character (implied decimal after the 2nd character from the left)

SAS Length: 4

Patient Discharge Data
2011 File Documentation – Public File

Other Procedures (up to 20)

Field Name(s): oproc1-oproc20
Definition: All other procedures, related to the patient's stay, which are surgical in nature, carry a procedural risk, or carry an anesthetic risk or is needed for DRG assignment. When a patient is admitted within 72 hours (3 days) of a procedure performed in a licensed ambulatory surgery facility or as an outpatient in a hospital, the admitting hospital is required, under billing requirements, to add the procedure (and date) to the inpatient record. Therefore, procedures performed up to 3 days prior to admission are reported. Procedures are coded according to the ICD-9-CM.
Variable Type: Character (implied decimal after the 2nd character from the left)
SAS Length: 4

Principal Procedure Days

Field Name(s): proc_pdy
Definition: The number of days between the patient's date of admission and date of the principal procedure. If the procedure was performed prior to admission, this value will be prefixed with a minus (-) sign. If no procedure was performed, the days to principal procedure were shown as (.).
Variable Type: Numeric
SAS Length: 4

Other Procedures Days (up to 20)

Field Name(s): procdy1-procdy20
Definition: The number of days between the patient's date of admission and date of the other procedure. If the procedure was performed prior to admission, this value will be prefixed with a minus (-) sign. If a secondary procedure is not reported then the number of days is assigned a value of (.).
Variable Type: Numeric
SAS Length: 4

Appendix A

2011 Record Counts and Masked Variable Frequencies

Record Counts:

Los Angeles County: 1,171,206

Southern California: 1,177,226

Northern California: 1,584,807

Masked Variable Frequencies:

Sex

Data Element Value	
TOTAL RECORDS	
Male	1
Female	2
Other	3
Unknown	4

Records Unmasked	Records Masked	Percent Masked
3,933,239	725,574	18.45%
1,655,551	348,544	21.05%
2,277,413	376,769	16.54%
123	121	98.37%
152	140	92.11%

Race

Data Element Value	
TOTAL RECORDS	
White	1
Black	2
Native American / Eskimo / Aleut	3
Asian / Pacific Islander	4
Other	5
Unknown / Invalid (0)	6

Records Unmasked	Records Masked	Percent Masked
3,933,239	1,073,927	27.30%
2,568,138	563,317	21.93%
351,844	138,864	39.47%
15,257	10,616	69.58%
339,711	133,698	39.36%
618,141	199,524	32.28%
40,148	27,908	69.51%

Ethnicity

Data Element Value	
TOTAL RECORDS	
Hispanic	1
Non-Hispanic	2
Unknown / Invalid (0)	3

Records Unmasked	Records Masked	Percent Masked
3,933,239	1,219,041	30.99%
1,197,578	349,900	29.22%
2,685,767	831,725	30.97%
49,894	37,416	74.99%

Patient ZIP Code

In masking the data, a 5-digit ZIP Code is replaced by a 3-digit ZIP Code, if the individual record is unique. If the record is still unique after this replacement, the 3-digit ZIP Code is replaced with an “*”. Unidentifiable ZIP Codes are: ‘0000’ (invalid or blank), ‘ZZZZZ’ (homeless), ‘YYYYY’ (foreign residents), and ‘XXXXX’ (unknown). All 00000 ZIP Codes are defaulted to XXXXX. The large number of ZIP Code values in the 2011 Patient Discharge Data precludes presenting detailed masking percentages for each ZIP Code. Instead, summary statistics are provided below.

Appendix A

2011 Record Counts and Masked Variable Frequencies

ZIP Code Category	Number of Records in Source File	Number of Records in Public File	Number of Records Masked or Defaulted	Percent Masked or Defaulted
00000 (invalid or blank)	2,557	0	2,557 ¹	100.00%
XXXXX (unknown)	4,223	6,740	–	–
YYYYY (foreign)	4,680	4,612	68	1.45%
ZZZZZ (homeless)	20,505	20,481	24	0.12%
5-DIGIT	3,901,274	3,836,424	64,850 ²	1.65% ⁴
3-DIGIT	→	48,622	48,622 ³	1.24% ⁴
MASKED (“**”)	0	16,360		0.42% ⁴
TOTAL	3,933,239	3,933,239		
Number of Identifiable ZIP Code Values				
5-DIGIT	11,976	4,916		
3-DIGIT	0	483		

¹ All defaulted to XXXXX – missing or unknown.

² Includes ZIP Codes truncated to 3-Digit.

³ 5-Digit ZIP Code truncated to 3-Digit.

⁴ Percentage of total number of records in file.

Hospital Identification Number

Number of Hospital Identification Number (OSHDP ID) observations masked: 0

Appendix A

2011 Record Counts and Masked Variable Frequencies

Patient County

County	Code	County Population in 2011	Observations in the 2011 PDD	Small County Assignment
Alpine	02	1,128	29	CE
Colusa	06	21,552	2,240	NW
Del Norte	08	28,547	2,737	NW
Glen	11	28,105	3,184	NW
Inyo	14	18,489	1,544	CE
Mariposa	22	17,942	1,802	CE
Modoc	25	9,599	721	NE
Mono	26	14,348	679	CE
Plumas	32	19,901	1,673	NE
Sierra	46	3,182	278	NE
Trinity	53	13,738	1,626	NW
Totals		176,531	16,513	

Percentage of observations in 2011 PDD assigned to a small county: 0.42%

Number of small counties masked: 234

Percentage of small county observations masked: 1.42%

Age Range (5 categories)

Data Element Value	
TOTAL RECORDS	
Unknown Age	0
Under 1 year	1
1-17 years	2
18-34 years	3
35-64 years	4
65 + Years	5

Records Unmasked	Records Masked	Percent Masked
3,933,239	266,506	6.78%
62	53	85.48%
554,128	27,098	4.89%
193,020	26,270	13.61%
722,642	57,282	7.93%
1,260,657	89,499	7.10%
1,202,730	66,304	5.51%

Age Range (20 categories)

Data Element Value	
TOTAL RECORDS	
Unknown Age	0
Under 1 year	1
1-4 years	2
5-9 years	3
10-14 years	4
15-19 years	5
20-24 years	6
25-29 years	7
30-34 years	8

Records Unmasked	Records Masked	Percent Masked
3,933,239	531,502	13.51%
62	53	85.48%
554,128	27,098	4.89%
53,777	10,322	19.19%
36,890	9,628	26.10%
45,069	13,834	30.70%
118,441	32,935	27.81%
196,536	29,287	14.90%
229,439	30,010	13.08%
235,510	31,004	13.16%

Appendix A

2011 Record Counts and Masked Variable Frequencies

Data Element Value	
35-39 years	9
40-44 years	10
45-49 years	11
50-54 years	12
55-59 years	13
60-64 years	14
65-69 years	15
70-74 years	16
75-79 years	17
80-84 years	18
85 + years	19

Age in Years

Data Element Value	
TOTAL RECORDS	
Unknown Age ¹	
Under 1 year	
1 year	
2 years	
3 years	
4 years	
5 years	
6 years	
7 years	
8 years	
9 years	
10 years	
11 years	
12 years	
13 years	
14 years	
15 years	
16 years	
17 years	
18 years	
19 years	
20 years	
21 years	
22 years	
23 years	
24 years	
25 years	
26 years	

Records Unmasked	Records Masked	Percent Masked
183,299	29,774	16.24%
166,533	32,141	19.30%
193,274	34,924	18.07%
230,768	37,849	16.40%
240,843	37,756	15.68%
245,940	36,745	14.94%
234,040	34,138	14.59%
221,766	29,880	13.47%
220,673	26,388	11.96%
220,807	23,501	10.64%
305,444	24,235	7.93%

Records Unmasked	Records Masked	Percent Masked
3,933,239	1,872,521	47.61%
62	62	100.00%
554,128	105,290	19.00%
19,895	12,194	61.29%
13,231	8,798	66.50%
11,037	7,434	67.36%
9,614	6,745	70.16%
8,602	6,181	71.86%
7,569	5,595	73.92%
7,016	5,131	73.13%
6,693	4,975	74.33%
7,010	5,027	71.71%
7,026	5,207	74.11%
7,515	5,605	74.58%
8,118	6,115	75.33%
10,148	7,696	75.84%
12,262	9,322	76.02%
15,021	11,263	74.98%
19,311	13,832	71.63%
22,952	15,216	66.29%
27,170	16,381	60.29%
33,987	18,846	55.45%
37,474	20,367	54.35%
38,358	20,620	53.76%
39,198	21,037	53.67%
40,395	21,531	53.30%
41,111	22,316	54.28%
43,169	23,136	53.59%
44,020	23,399	53.16%

Appendix A

2011 Record Counts and Masked Variable Frequencies

Data Element Value
27 years
28 years
29 years
30 years
31 years
32 years
33 years
34 years
35 years
36 years
37 years
38 years
39 years
40 years
41 years
42 years
43 years
44 years
45 years
46 years
47 years
48 years
49 years
50 years
51 years
52 years
53 years
54 years
55 years
56 years
57 years
58 years
59 years
60 years
61 years
62 years
63 years
64 years
65 years
66 years
67 years
68 years
69 years

Records Unmasked	Records Masked	Percent Masked
44,937	23,896	53.18%
47,712	25,443	53.33%
49,601	26,188	52.80%
50,280	26,746	53.19%
49,276	26,584	53.95%
47,014	26,055	55.42%
45,119	25,276	56.02%
43,821	25,064	57.20%
40,730	23,935	58.77%
38,743	23,293	60.12%
35,951	22,436	62.41%
34,170	21,624	63.28%
33,705	21,929	65.06%
34,900	22,589	64.72%
34,124	21,786	63.84%
33,012	21,403	64.83%
31,903	20,574	64.49%
32,594	21,095	64.72%
33,665	21,382	63.51%
36,630	22,590	61.67%
39,103	23,961	61.28%
41,123	24,718	60.11%
42,753	25,546	59.75%
44,579	25,996	58.31%
45,315	26,489	58.46%
45,280	26,223	57.91%
47,283	27,072	57.26%
48,311	27,453	56.83%
47,582	26,968	56.68%
48,648	27,353	56.23%
48,411	27,085	55.95%
48,308	27,218	56.34%
47,894	26,807	55.97%
48,157	26,728	55.50%
48,440	27,073	55.89%
48,498	26,766	55.19%
49,916	26,870	53.83%
50,929	27,218	53.44%
46,641	25,459	54.59%
46,188	24,766	53.62%
46,830	24,793	52.94%
49,186	25,514	51.87%
45,195	23,914	52.91%

Appendix A

2011 Record Counts and Masked Variable Frequencies

Data Element Value
70 years
71 years
72 years
73 years
74 years
75 years
76 years
77 years
78 years
79 years
80 years
81 years
82 years
83 years
84 years
85 + years

Records Unmasked	Records Masked	Percent Masked
44,464	23,078	51.90%
43,804	22,618	51.63%
44,549	22,663	50.87%
44,928	22,501	50.08%
44,021	22,075	50.15%
44,582	21,974	49.29%
44,951	21,426	47.67%
43,237	21,003	48.58%
43,649	20,505	46.98%
44,254	20,247	45.75%
45,518	20,243	44.47%
45,562	20,217	44.37%
44,139	19,108	43.29%
43,107	18,687	43.35%
42,481	18,290	43.05%
305,444	56,687	18.56%

¹ All unknown ages where the age in days at admission=0 and the age in years at admission=0 are set to "." before masking.

Quarter of Admission

Data Element Value
TOTAL RECORDS
First Quarter 1
Second Quarter 2
Third Quarter 3
Fourth Quarter 4

Records Unmasked	Records Masked	Percent Masked
3,933,239	135,222	3.44%
1,005,725	32,423	3.22%
978,560	31,420	3.21%
980,920	32,471	3.31%
968,034	38,908	4.02%

Appendix B
Discharges by Facility
Patient Discharge Data
January - December 2011

OSHPD_ID	Facility Name	# of Discharges
106010735	ALAMEDA HOSPITAL	2,777
106010739	ALTA BATES SUMMIT MED CTR-ALTA BATES CAMPUS	23,876
106010776	CHILDRENS HOSPITAL AND RESEARCH CTR AT OAKLAND	10,255
106010782	THUNDER ROAD CHEMICAL DEPENDENCY RECOVERY HOSPITAL	131
106010805	EDEN MEDICAL CENTER	10,505
106010844	ALTA BATES SUMMIT MED CTR-HERRICK CAMPUS	3,454
106010846	ALAMEDA CO MED CTR - HIGHLAND CAMPUS	15,139
106010856	KAISER FND HOSP - OAKLAND CAMPUS	20,781
106010858	KAISER FND HOSP - HAYWARD/FREMONT	17,629
106010887	KINDRED HOSPITAL - SAN FRANCISCO BAY AREA	474
106010937	ALTA BATES SUMMIT MED CTR-SUMMIT CAMPUS-HAWTHORNE	13,472
106010967	ST. ROSE HOSPITAL	8,953
106010987	WASHINGTON HOSPITAL - FREMONT	14,679
106013619	SAN LEANDRO HOSPITAL	3,707
106013687	MPI CHEMICAL DEPENDENCY RECOVERY HOSPITAL	515
106014034	FREMONT HOSPITAL	2,982
106014050	VALLEYCARE MEDICAL CENTER	8,972
106014207	TELECARE HERITAGE PSYCHIATRIC HEALTH FACILITY	1,207
106014226	TELECARE WILLOW ROCK CENTER	483
106034002	SUTTER AMADOR HOSPITAL	2,549
106040802	BIGGS GRIDLEY MEMORIAL HOSPITAL	886
106040875	FEATHER RIVER HOSPITAL	6,347
106040937	OROVILLE HOSPITAL	10,101
106040962	ENLOE MEDICAL CENTER- ESPLANADE CAMPUS	15,832
106044006	BUTTE COUNTY PHF	638
106050932	MARK TWAIN ST. JOSEPH'S HOSPITAL	1,359
106060870	COLUSA REGIONAL MEDICAL CENTER	1,210
106070904	DOCTORS MEDICAL CENTER - SAN PABLO	5,996
106070924	CONTRA COSTA REGIONAL MEDICAL CENTER	10,864
106070934	SUTTER DELTA MEDICAL CENTER	8,699
106070988	JOHN MUIR MEDICAL CENTER-WALNUT CREEK CAMPUS	19,710
106070990	KAISER FND HOSP - WALNUT CREEK	17,790
106071018	JOHN MUIR MEDICAL CENTER-CONCORD CAMPUS	9,228
106074017	SAN RAMON REGIONAL MEDICAL CENTER	5,378
106074039	JOHN MUIR BEHAVIORAL HEALTH CENTER	2,847
106074097	KAISER FOUND HSP-ANTIOCH	9,000
106084001	SUTTER COAST HOSPITAL	2,598
106090793	BARTON MEMORIAL HOSPITAL	2,653
106090933	MARSHALL MEDICAL CENTER (1-RH)	5,944
106094002	EL DORADO COUNTY P H F	343

Appendix B
Discharges by Facility
Patient Discharge Data
January - December 2011

OSHPD_ID	Facility Name	# of Discharges
106100005	CLOVIS COMMUNITY MEDICAL CENTER	13,050
106100697	COALINGA REGIONAL MEDICAL CENTER	663
106100717	COMMUNITY REGIONAL MEDICAL CENTER-FRESNO	43,574
106100797	ADVENTIST MEDICAL CENTER - REEDLEY	3,020
106100899	ST. AGNES MEDICAL CENTER	29,480
106104023	SAN JOAQUIN VALLEY REHABILITATION HOSPITAL	1,507
106104047	FRESNO SURGICAL HOSPITAL	2,069
106104062	KAISER FND HOSP - FRESNO	8,535
106104089	CRESTWOOD PSYCHIATRIC HEALTH FACILITY-FRESNO	1,225
106105029	FRESNO HEART AND SURGICAL HOSPITAL	3,366
106110889	GLENN MEDICAL CENTER	344
106121002	MAD RIVER COMMUNITY HOSPITAL	2,255
106121031	JEROLD PHELPS COMMUNITY HOSPITAL	72
106121051	REDWOOD MEMORIAL HOSPITAL	1,847
106121080	ST. JOSEPH HOSPITAL - EUREKA	7,047
106124004	SEMPERVIRENS P.H.F.	572
106130699	EL CENTRO REGIONAL MEDICAL CENTER	7,266
106130760	PIONEERS MEMORIAL HOSPITAL	8,284
106141273	NORTHERN INYO HOSPITAL	1,037
106141338	SOUTHERN INYO HOSPITAL	105
106150706	DELANO REGIONAL MEDICAL CENTER	4,075
106150722	BAKERSFIELD MEMORIAL HOSPITAL- 34TH STREET	20,835
106150736	KERN MEDICAL CENTER	13,902
106150737	KERN VALLEY HEALTHCARE DISTRICT	864
106150761	MERCY HOSPITAL - BAKERSFIELD	14,993
106150775	GOOD SAMARITAN HOSPITAL-BAKERSFIELD	3,114
106150782	RIDGECREST REGIONAL HOSPITAL	2,806
106150788	SAN JOAQUIN COMMUNITY HOSPITAL	22,360
106150808	TEHACHAPI HOSPITAL	149
106154022	HEALTHSOUTH BAKERSFIELD REHABILITATION HOSPITAL	1,555
106154101	BAKERSFIELD HEART HOSPITAL	4,043
106154147	CRESTWOOD PSYCHIATRIC HEALTH FACILITY-BAKERSFIELD	455
106154160	CRESTWOOD PSYCHIATRIC HEALTH FACILITY 2	346
106160702	CORCORAN DISTRICT HOSPITAL	474
106160787	CENTRAL VALLEY GENERAL HOSPITAL	3,974
106164029	ADVENTIST MEDICAL CENTER	12,783
106171049	ST. HELENA HOSPITAL - CLEARLAKE	1,940
106171395	SUTTER LAKESIDE HOSPITAL	2,347
106184008	BANNER LASSEN MEDICAL CENTER	1,600
106190017	ALHAMBRA HOSPITAL	4,215

Appendix B
Discharges by Facility
Patient Discharge Data
January - December 2011

OSHPD_ID	Facility Name	# of Discharges
106190020	BHC ALHAMBRA HOSPITAL	4,719
106190034	ANTELOPE VALLEY HOSPITAL	29,316
106190045	CATALINA ISLAND MEDICAL CENTER	32
106190049	KINDRED HOSPITAL BALDWIN PARK	805
106190052	BARLOW RESPIRATORY HOSPITAL	799
106190053	ST. MARY MEDICAL CENTER	14,399
106190066	BELLFLOWER MEDICAL CENTER	6,277
106190081	BEVERLY HOSPITAL	9,604
106190110	BROTMAN MEDICAL CENTER	8,732
106190125	CALIFORNIA HOSPITAL MEDICAL CENTER - LOS ANGELES	20,538
106190137	CASA COLINA HOSPITAL FOR REHAB MEDICINE	1,237
106190148	CENTINELA HOSPITAL MEDICAL CENTER	19,032
106190150	KEDREN COMMUNITY MENTAL HEALTH CENTER	941
106190159	TRI-CITY REGIONAL MEDICAL CENTER	3,226
106190163	AURORA CHARTER OAK	5,058
106190170	CHILDREN'S HOSPITAL OF LOS ANGELES	11,865
106190176	CITY OF HOPE HELFORD CLINICAL RESEARCH HOSPITAL	6,063
106190184	COLLEGE HOSPITAL	6,045
106190196	KINDRED HOSPITAL SOUTH BAY	1,092
106190197	COMMUNITY HOSPITAL OF HUNTINGTON PARK	3,879
106190198	LOS ANGELES COMMUNITY HOSPITAL	5,624
106190200	SAN GABRIEL VALLEY MEDICAL CENTER	11,057
106190232	DEL AMO HOSPITAL	5,845
106190240	LAKEWOOD REGIONAL MEDICAL CENTER	8,040
106190243	DOWNEY REGIONAL MEDICAL CENTER	13,020
106190256	EAST LOS ANGELES DOCTORS HOSPITAL	5,220
106190280	ENCINO HOSPITAL MEDICAL CENTER	1,810
106190298	FOOTHILL PRESBYTERIAN HOSPITAL-JOHNSTON MEMORIAL	6,351
106190305	KINDRED HOSPITAL - LOS ANGELES	914
106190307	PACIFIC ALLIANCE MEDICAL CENTER, INC.	8,436
106190315	GARFIELD MEDICAL CENTER	15,310
106190317	GATEWAYS HOSPITAL AND MENTAL HEALTH CENTER	1,021
106190323	GLENDALE ADVENTIST MEDICAL CENTER - WILSON TERRACE	22,592
106190328	EAST VALLEY HOSPITAL MEDICAL CENTER	2,056
106190352	GREATER EL MONTE COMMUNITY HOSPITAL	4,322
106190380	HOLLYWOOD COMMUNITY HOSPITAL OF HOLLYWOOD	3,580
106190382	HOLLYWOOD PRESBYTERIAN MEDICAL CENTER	18,115
106190385	PROVIDENCE HOLY CROSS MEDICAL CENTER	17,881
106190392	GOOD SAMARITAN HOSPITAL-LOS ANGELES	19,072
106190400	HUNTINGTON MEMORIAL HOSPITAL	30,866

Appendix B
Discharges by Facility
Patient Discharge Data
January - December 2011

OSHPD_ID	Facility Name	# of Discharges
106190410	SILVER LAKE MEDICAL CENTER-INGLESIDE CAMPUS	2,957
106190413	CITRUS VALLEY MEDICAL CENTER - IC CAMPUS	9,511
106190422	TORRANCE MEMORIAL MEDICAL CENTER	27,904
106190429	KAISER FND HOSP - LOS ANGELES	29,080
106190431	KAISER FND HOSP - SOUTH BAY	16,571
106190432	KAISER FND HOSP - PANORAMA CITY	14,439
106190434	KAISER FND HOSP - WEST LA	14,229
106190449	KINDRED HOSPITAL - LA MIRADA	2,252
106190462	AURORA LAS ENCINAS HOSPITAL, LLC	2,355
106190468	PROMISE HOSPITAL OF EAST LOS ANGELES-EAST L.A. CAMPUS	1,611
106190470	PROVIDENCE LITTLE COMPANY OF MARY MC - TORRANCE	23,069
106190475	COMMUNITY HOSPITAL OF LONG BEACH	4,135
106190500	MARINA DEL REY HOSPITAL	4,413
106190517	PROVIDENCE TARZANA MEDICAL CENTER	15,879
106190521	MEMORIAL HOSPITAL OF GARDENA	8,163
106190522	GLENDALE MEMORIAL HOSPITAL AND HEALTH CENTER	13,036
106190524	MISSION COMMUNITY HOSPITAL - PANORAMA CAMPUS	6,934
106190525	LONG BEACH MEMORIAL MEDICAL CENTER	21,374
106190529	METHODIST HOSPITAL OF SOUTHERN CALIFORNIA	18,299
106190534	OLYMPIA MEDICAL CENTER	6,095
106190541	MONROVIA MEMORIAL HOSPITAL	663
106190547	MONTEREY PARK HOSPITAL	6,655
106190552	MOTION PICTURE AND TELEVISION HOSPITAL	271
106190555	CEDARS SINAI MEDICAL CENTER	55,622
106190568	NORTHRIDGE HOSPITAL MEDICAL CENTER	20,423
106190570	NORWALK COMMUNITY HOSPITAL	2,835
106190587	PACIFIC HOSPITAL OF LONG BEACH	8,150
106190630	POMONA VALLEY HOSPITAL MEDICAL CENTER	27,978
106190631	PRESBYTERIAN INTERCOMMUNITY HOSPITAL	21,681
106190636	CITRUS VALLEY MEDICAL CENTER - QV CAMPUS	20,090
106190661	SILVER LAKE MEDICAL CENTER-DOWNTOWN CAMPUS	3,155
106190673	SAN DIMAS COMMUNITY HOSPITAL	4,590
106190680	PROVIDENCE LITTLE COMPANY OF MARY MC - SAN PEDRO	7,878
106190681	MIRACLE MILE MEDICAL CENTER	153
106190687	SANTA MONICA - UCLA MEDICAL CENTER & ORTHOPAEDIC HOSPITAL	15,803
106190696	PACIFICA HOSPITAL OF THE VALLEY	5,541
106190708	SHERMAN OAKS HOSPITAL	4,226
106190712	SHRINERS HOSPITAL FOR CHILDREN - L.A.	1,116
106190754	ST. FRANCIS MEDICAL CENTER	24,443
106190756	ST. JOHN'S HEALTH CENTER	14,248

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OSHPD_ID	Facility Name	# of Discharges
106190758	PROVIDENCE SAINT JOSEPH MEDICAL CENTER	20,550
106190762	ST. VINCENT MEDICAL CENTER	9,555
106190766	COAST PLAZA DOCTORS HOSPITAL	3,593
106190782	TARZANA TREATMENT CENTER	2,157
106190784	TEMPLE COMMUNITY HOSPITAL	2,751
106190796	RONALD REAGAN UCLA MEDICAL CENTER	25,281
106190812	VALLEY PRESBYTERIAN HOSPITAL	19,712
106190814	HOLLYWOOD COMMUNITY HOSPITAL OF VAN NUYS	3,100
106190818	VERDUGO HILLS HOSPITAL	6,781
106190854	LOS ANGELES METROPOLITAN MEDICAL CENTER	5,216
106190857	DOCTORS HOSPITAL OF WEST COVINA, INC	205
106190859	WEST HILLS HOSPITAL AND MEDICAL CENTER	8,684
106190878	WHITE MEMORIAL MEDICAL CENTER	23,534
106190883	WHITTIER HOSPITAL MEDICAL CENTER	9,634
106190930	RESNICK NEUROPSYCHIATRIC HOSPITAL AT UCLA	2,022
106190949	HENRY MAYO NEWHALL MEMORIAL HOSPITAL	12,470
106191216	USC KENNETH NORRIS, JR. CANCER HOSPITAL	2
106191225	TOM REDGATE MEMORIAL RECOVERY CENTER	714
106191227	LAC/HARBOR-UCLA MEDICAL CENTER	21,863
106191228	LAC+USC MEDICAL CENTER	33,460
106191231	LOS ANGELES COUNTY OLIVE VIEW-UCLA MEDICAL CENTER	14,353
106191306	LAC/RANCHO LOS AMIGOS NATIONAL REHAB CENTER	3,875
106191450	KAISER FND HOSP - WOODLAND HILLS	13,201
106194010	AMERICAN RECOVERY CENTER	1,267
106194219	KECK HOSPITAL OF USC	10,262
106194967	STAR VIEW ADOLESCENT - P H F	92
106194981	LA CASA PSYCHIATRIC HEALTH FACILITY	95
106196035	KAISER FND HOSP - BALDWIN PARK	17,330
106196168	EARL AND LORRAINE MILLER CHILDRENS HOSPITAL	20,181
106196403	KAISER FOUNDATION HOSPITAL - DOWNEY	24,379
106196404	JOYCE EISENBERG KEEFER MEDICAL CENTER	405
106196405	PALMDALE REGIONAL MEDICAL CENTER	7,649
106201281	MADERA COMMUNITY HOSPITAL	6,797
106204019	CHILDREN'S HOSPITAL CENTRAL CALIFORNIA	13,543
106210992	KAISER FND HOSP - SAN RAFAEL	5,531
106210993	KENTFIELD REHABILITATION HOSPITAL	516
106211006	MARIN GENERAL HOSPITAL	10,790
106214034	NOVATO COMMUNITY HOSPITAL	1,614
106220733	JOHN C FREMONT HEALTHCARE DISTRICT	242
106230949	FRANK R HOWARD MEMORIAL HOSPITAL	1,331

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OSHPD_ID	Facility Name	# of Discharges
106231013	MENDOCINO COAST DISTRICT HOSPITAL	1,518
106231396	UKIAH VALLEY MEDICAL CENTER/HOSPITAL DRIVE	4,814
106240924	MEMORIAL HOSPITAL LOS BANOS	2,310
106240942	MERCY MEDICAL CENTER - MERCED	14,399
106244027	MARIE GREEN PSYCHIATRIC CENTER - P H F	564
106250955	SURPRISE VALLEY COMMUNITY HOSPITAL	23
106250956	MODOC MEDICAL CENTER	279
106260011	MAMMOTH HOSPITAL	759
106270744	COMMUNITY HOSPITAL MONTEREY PENINSULA	12,943
106270777	GEORGE L MEE MEMORIAL HOSPITAL	2,112
106270875	SALINAS VALLEY MEMORIAL HOSPITAL	12,080
106274043	NATIVIDAD MEDICAL CENTER	10,803
106281047	QUEEN OF THE VALLEY HOSPITAL - NAPA	8,668
106281078	ST. HELENA HOSPITAL	6,272
106291023	SIERRA NEVADA MEMORIAL HOSPITAL	5,994
106291053	TAHOE FOREST HOSPITAL	2,116
106300032	CHILDREN'S HOSPITAL OF ORANGE COUNTY	12,067
106300225	ORANGE COAST MEMORIAL MEDICAL CENTER	13,767
106301097	ANAHEIM GENERAL HOSPITAL	834
106301098	AHMC ANAHEIM REGIONAL MEDICAL CENTER	14,644
106301127	KINDRED HOSPITAL BREA	769
106301132	KAISER FND HOSP - ANAHEIM	26,280
106301140	CHAPMAN MEDICAL CENTER	2,022
106301155	COLLEGE HOSPITAL COSTA MESA	3,339
106301175	FOUNTAIN VALLEY RGNL HOSP AND MED CTR - EUCLID	20,761
106301188	WESTERN MEDICAL CENTER HOSPITAL - ANAHEIM	8,652
106301205	HOAG MEMORIAL HOSPITAL PRESBYTERIAN	31,198
106301209	HUNTINGTON BEACH HOSPITAL	3,357
106301234	LA PALMA INTERCOMMUNITY HOSPITAL	3,787
106301248	LOS ALAMITOS MEDICAL CENTER	11,482
106301258	COASTAL COMMUNITIES HOSPITAL	5,794
106301262	MISSION HOSPITAL REGIONAL MEDICAL CENTER	20,368
106301279	UNIVERSITY OF CALIFORNIA IRVINE MEDICAL CENTER	17,865
106301283	GARDEN GROVE HOSPITAL AND MEDICAL CENTER	8,088
106301297	PLACENTIA LINDA HOSPITAL	3,786
106301304	NEWPORT BAY HOSPITAL	822
106301317	SADDLEBACK MEMORIAL MEDICAL CENTER	18,343
106301337	MISSION HOSPITAL LAGUNA BEACH	4,431
106301340	ST. JOSEPH HOSPITAL - ORANGE	24,994
106301342	ST. JUDE MEDICAL CENTER	17,625

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OSHPD_ID	Facility Name	# of Discharges
106301357	NEWPORT SPECIALTY HOSPITAL	400
106301379	WEST ANAHEIM MEDICAL CENTER	5,999
106301380	KINDRED HOSPITAL WESTMINSTER	1,091
106301566	WESTERN MEDICAL CENTER - SANTA ANA	10,310
106304079	HEALTHSOUTH TUSTIN REHABILITATION HOSPITAL	1,281
106304113	CHILDREN'S HOSPITAL AT MISSION	1,930
106304159	HEALTHBRIDGE CHILDREN'S HOSPITAL-ORANGE	134
106304460	HOAG ORTHOPEDIC INSTITUTE	3,553
106310791	SUTTER AUBURN FAITH HOSPITAL	4,315
106311000	SUTTER ROSEVILLE MEDICAL CENTER	21,007
106314024	KAISER FND HOSP - ROSEVILLE	24,342
106314029	TELECARE PLACER COUNTY PSYCHIATRIC HEALTH FACILITY	681
106320859	EASTERN PLUMAS HOSPITAL-PORTOLA CAMPUS	469
106320986	PLUMAS DISTRICT HOSPITAL	530
106321016	SENECA HEALTHCARE DISTRICT	237
106330120	BETTY FORD CENTER AT EISENHOWER, THE	1,411
106331152	CORONA REGIONAL MEDICAL CENTER-MAIN	10,599
106331164	DESERT REGIONAL MEDICAL CENTER	20,425
106331168	EISENHOWER MEDICAL CENTER	18,235
106331194	HEMET VALLEY MEDICAL CENTER	12,260
106331216	JOHN F KENNEDY MEMORIAL HOSPITAL	10,935
106331226	RIVERSIDE CENTER FOR BEHAVIORAL MEDICINE	921
106331288	PALO VERDE HOSPITAL	1,518
106331293	PARKVIEW COMMUNITY HOSPITAL MEDICAL CENTER	10,948
106331312	RIVERSIDE COMMUNITY HOSPITAL	25,224
106331326	SAN GORGONIO MEMORIAL HOSPITAL	4,026
106332172	KINDRED HOSPITAL RIVERSIDE	428
106334018	MENIFEE VALLEY MEDICAL CENTER	3,596
106334025	KAISER FND HOSP - RIVERSIDE	17,150
106334048	KAISER FND HOSPITAL - MORENO VALLEY	5,322
106334068	SOUTHWEST HEALTHCARE SYSTEM-MURRIETA	21,267
106334457	OASIS PSYCHIATRIC HEALTH FACILITY	894
106334487	RIVERSIDE COUNTY REGIONAL MEDICAL CENTER	23,914
106334589	LOMA LINDA UNIVERSITY MEDICAL CENTER-MURRIETA	896
106340913	KAISER FND HOSP - SACRAMENTO	11,314
106340947	MERCY GENERAL HOSPITAL	21,365
106340950	MERCY SAN JUAN HOSPITAL	23,011
106340951	METHODIST HOSPITAL OF SACRAMENTO	10,041
106341006	UNIVERSITY OF CALIFORNIA DAVIS MEDICAL CENTER	30,489
106341051	SUTTER GENERAL HOSPITAL	12,471

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OSHPD_ID	Facility Name	# of Discharges
106341052	SUTTER MEMORIAL HOSPITAL	22,843
106342344	KAISER FND HOSP - SOUTH SACRAMENTO	14,934
106342392	SIERRA VISTA HOSPITAL	5,077
106344011	SACRAMENTO COUNTY MENTAL HEALTH TREATMENT CENTER	1,841
106344017	SUTTER CENTER FOR PSYCHIATRY	2,275
106344021	HERITAGE OAKS HOSPITAL	3,862
106344029	MERCY HOSPITAL - FOLSOM	6,550
106344035	KINDRED HOSPITAL - SACRAMENTO	350
106344114	SHRINERS HOSPITALS FOR CHILDREN NORTHERN CALIF.	1,080
106344170	CRESTWOOD PSYCHIATRIC HEALTH FACILITY-CARMICHAEL	537
106350784	HAZEL HAWKINS MEMORIAL HOSPITAL	3,152
106361105	BARSTOW COMMUNITY HOSPITAL	2,402
106361110	BEAR VALLEY COMMUNITY HOSPITAL	291
106361144	CHINO VALLEY MEDICAL CENTER	6,423
106361166	MONTCLAIR HOSPITAL MEDICAL CENTER	5,733
106361223	KAISER FND HOSP - FONTANA	29,963
106361246	LOMA LINDA UNIVERSITY MEDICAL CENTER	33,915
106361266	MOUNTAINS COMMUNITY HOSPITAL	210
106361274	KINDRED HOSPITAL ONTARIO	1,031
106361308	REDLANDS COMMUNITY HOSPITAL	14,635
106361318	SAN ANTONIO COMMUNITY HOSPITAL	17,287
106361323	COMMUNITY HOSPITAL OF SAN BERNARDINO	14,390
106361339	ST. BERNARDINE MEDICAL CENTER	17,954
106361343	ST. MARY REGIONAL MEDICAL CENTER	18,432
106361370	VICTOR VALLEY COMMUNITY HOSPITAL	7,170
106361458	COLORADO RIVER MEDICAL CENTER	249
106362041	HI-DESERT MEDICAL CENTER	4,152
106364014	LOMA LINDA UNIVERSITY BEHAVIORAL MEDICINE CENTER	4,348
106364050	CANYON RIDGE HOSPITAL	5,001
106364121	BALLARD REHABILITATION HOSP	1,094
106364144	DESERT VALLEY HOSPITAL	7,592
106364188	KINDRED HOSPITAL RANCHO	759
106364231	ARROWHEAD REGIONAL MEDICAL CENTER	26,904
106370652	ALVARADO HOSPITAL MEDICAL CENTER	8,325
106370673	RADY CHILDREN'S HOSPITAL - SAN DIEGO	16,044
106370689	SHARP CORONADO HOSPITAL AND HEALTHCARE CENTER	3,178
106370694	SHARP MEMORIAL HOSPITAL	38,584
106370705	FALLBROOK HOSPITAL DISTRICT	3,349
106370714	GROSSMONT HOSPITAL	31,925
106370721	KINDRED HOSPITAL - SAN DIEGO	657

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OSHPD_ID	Facility Name	# of Discharges
106370730	KAISER FND HOSP - SAN DIEGO	31,559
106370744	SCRIPPS MERCY HOSPITAL	36,811
106370745	SHARP MESA VISTA HOSPITAL	5,545
106370749	ALVARADO PARKWAY INSTITUTE B.H.S.	2,157
106370755	PALOMAR MEDICAL CENTER	23,651
106370759	PARADISE VALLEY HOSPITAL	11,474
106370771	SCRIPPS MEMORIAL HOSPITAL - LA JOLLA	20,868
106370780	TRI-CITY MEDICAL CENTER	18,991
106370782	UNIVERSITY OF CALIF-SAN DIEGO MEDICAL CENTER	27,620
106370787	PROMISE HOSPITAL OF SAN DIEGO	1,943
106370875	SHARP CHULA VISTA MEDICAL CENTER	17,765
106370977	POMERADO HOSPITAL	8,161
106371256	SCRIPPS GREEN HOSPITAL	11,484
106371394	SCRIPPS MEMORIAL HOSPITAL - ENCINITAS	11,009
106374024	AURORA SAN DIEGO	2,837
106374049	SHARP MCDONALD CENTER	247
106374055	SAN DIEGO COUNTY PSYCHIATRIC HOSPITAL	2,299
106374084	SAN DIEGO HOSPICE AND PALLIATIVE CARE-ACUTE CARE CTR	932
106374094	VIBRA HOSPITAL OF SAN DIEGO	951
106380842	JEWISH HOME	815
106380857	KAISER FND HOSP - SAN FRANCISCO	16,337
106380865	LAGUNA HONDA HOSPITAL AND REHABILITATION CENTER	1,053
106380868	LANGLEY PORTER PSYCHIATRIC INSTITUTE	686
106380929	CALIFORNIA PACIFIC MED CTR-PACIFIC CAMPUS	31,189
106380939	SAN FRANCISCO GENERAL HOSPITAL	16,197
106380960	ST. FRANCIS MEMORIAL HOSPITAL	6,454
106380964	CALIFORNIA PACIFIC MEDICAL CENTER - ST. LUKE'S CAMPUS	4,976
106380965	ST. MARY'S MEDICAL CENTER, SAN FRANCISCO	6,490
106381154	UCSF MEDICAL CENTER	29,551
106382715	CHINESE HOSPITAL	1,915
106390846	DAMERON HOSPITAL	9,622
106390923	LODI MEMORIAL HOSPITAL	8,238
106391010	SAN JOAQUIN GENERAL HOSPITAL	10,578
106391042	ST. JOSEPH'S MEDICAL CENTER OF STOCKTON	18,580
106391056	SUTTER TRACY COMMUNITY HOSPITAL	4,640
106392232	ST. JOSEPH'S BEHAVIORAL HEALTH CENTER	1,403
106392287	DOCTORS HOSPITAL OF MANTECA	4,559
106394003	SAN JOAQUIN COUNTY P.H.F.	1,109
106394009	KAISER FND HOSP-MANTECA	11,773
106400466	ARROYO GRANDE COMMUNITY HOSPITAL	2,861

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OSHPD_ID	Facility Name	# of Discharges
106400480	FRENCH HOSPITAL MEDICAL CENTER	5,381
106400524	SIERRA VISTA REGIONAL MEDICAL CENTER	6,959
106400548	TWIN CITIES COMMUNITY HOSPITAL	6,763
106404046	SAN LUIS OBISPO CO PSYCHIATRIC HEALTH FACILITY	1,194
106410782	SAN MATEO MEDICAL CENTER	3,830
106410804	KAISER FND HOSP - REDWOOD CITY	8,367
106410806	KAISER FND HOSP - SOUTH SAN FRANCISCO	5,955
106410817	SETON MEDICAL CENTER	7,758
106410828	SETON MEDICAL CENTER - COASTSIDE	68
106410852	MILLS-PENINSULA MEDICAL CENTER	15,422
106410891	SEQUOIA HOSPITAL	8,546
106414018	MENLO PARK SURGICAL HOSPITAL	365
106420483	GOLETA VALLEY COTTAGE HOSPITAL	1,583
106420491	LOMPOC VALLEY MEDICAL CENTER	3,125
106420493	MARIAN MEDICAL CENTER	12,900
106420514	SANTA BARBARA COTTAGE HOSPITAL	20,314
106420522	SANTA YNEZ VALLEY COTTAGE HOSPITAL	305
106424002	SANTA BARBARA PSYCHIATRIC HEALTH FACILITY	479
106430705	REGIONAL MEDICAL OF SAN JOSE	10,954
106430763	EL CAMINO HOSPITAL	23,008
106430779	GOOD SAMARITAN HOSPITAL-SAN JOSE	19,511
106430837	O'CONNOR HOSPITAL - SAN JOSE	15,602
106430883	SANTA CLARA VALLEY MEDICAL CENTER	25,643
106430905	STANFORD HOSPITAL	25,072
106431506	KAISER FND HOSP - SAN JOSE	13,412
106434040	LUCILE SALTER PACKARD CHILDREN'S HOSP. AT STANFORD	16,155
106434051	CHILDRENS RECOVERY CENTER OF NORTHERN CALIFORNIA	17
106434138	ST. LOUISE REGIONAL HOSPITAL	4,180
106434153	KAISER FND HOSP - SANTA CLARA	26,192
106434218	KAISER PERMANENTE P.H.F - SANTA CLARA	1,324
106434220	CRESTWOOD SAN JOSE PSYCHIATRIC HEALTH FACILITY	407
106440755	DOMINICAN HOSPITAL-SANTA CRUZ/SOQUEL	13,265
106444012	SUTTER MATERNITY AND SURGERY CENTER OF SANTA CRUZ	2,601
106444013	WATSONVILLE COMMUNITY HOSPITAL	6,274
106450936	MAYERS MEMORIAL HOSPITAL	585
106450940	SHASTA REGIONAL MEDICAL CENTER	8,222
106450949	MERCY MEDICAL CENTER - REDDING	15,431
106454012	NORTHERN CALIFORNIA REHABILITATION HOSPITAL	1,131
106454013	PATIENTS' HOSPITAL OF REDDING	256
106470871	MERCY MEDICAL CENTER MT. SHASTA	1,332

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OSHPD_ID	Facility Name	# of Discharges
106474007	FAIRCHILD MEDICAL CENTER	1,728
106480989	KAISER FND HOSP - REHABILITATION CENTER VALLEJO	12,992
106481015	ST. HELENA HOSPITAL CENTER FOR BEHAVIORAL HEALTH	2,236
106481094	SUTTER SOLANO MEDICAL CENTER	5,848
106481357	NORTH BAY MEDICAL CENTER	7,079
106484001	NORTH BAY VACAVALLEY HOSPITAL	2,407
106484028	NORTH VALLEY-SOLANO COUNTY PSYCHIATRIC HEALTH FACILITY	4
106484044	KAISER FOUNDATION HOSPITAL - VACAVILLE	3,330
106490919	SUTTER MEDICAL CENTER OF SANTA ROSA	7,003
106490964	HEALDSBURG DISTRICT HOSPITAL	1,055
106491001	PETALUMA VALLEY HOSPITAL	3,304
106491064	SANTA ROSA MEMORIAL HOSPITAL-MONTGOMERY	12,695
106491076	SONOMA VALLEY HOSPITAL	2,234
106491338	PALM DRIVE HOSPITAL	1,196
106494019	KAISER FND HOSP - SANTA ROSA	10,581
106500852	DOCTORS MEDICAL CENTER	24,625
106500867	EMANUEL MEDICAL CENTER, INC	11,836
106500939	MEMORIAL HOSPITAL MEDICAL CENTER - MODESTO	21,829
106500967	OAK VALLEY DISTRICT HOSPITAL (2-RH)	1,803
106504038	STANISLAUS SURGICAL HOSPITAL	862
106514001	SUTTER-YUBA PSYCHIATRIC HEALTH FACILITY	329
106514030	SUTTER SURGICAL HOSPITAL-NORTH VALLEY	649
106514033	NORTH VALLEY BEHAVIORAL HEALTH	572
106521041	ST. ELIZABETH COMMUNITY HOSPITAL	3,975
106531059	TRINITY HOSPITAL	510
106540734	KAWEAH DELTA MEDICAL CENTER	26,646
106540798	SIERRA VIEW DISTRICT HOSPITAL	9,300
106540816	TULARE REGIONAL MEDICAL CENTER	6,912
106551061	TUOLUMNE GENERAL MEDICAL FACILITY	60
106554011	SONORA REGIONAL MEDICAL CENTER - GREENLEY	5,578
106560203	AURORA VISTA DEL MAR HOSPITAL	3,408
106560473	COMMUNITY MEMORIAL HOSPITAL-SAN BUENAVENTURA	15,146
106560481	VENTURA COUNTY MEDICAL CENTER	13,701
106560492	LOS ROBLES HOSPITAL & MEDICAL CENTER	15,553
106560501	OJAI VALLEY COMMUNITY HOSPITAL	945
106560508	ST. JOHN'S PLEASANT VALLEY HOSPITAL	3,766
106560525	SIMI VALLEY HOSPITAL AND HEALTH CARE SVCS-SYCAMORE	6,159
106560529	ST. JOHN'S REGIONAL MEDICAL CENTER	14,636
106560838	PACIFIC SHORES HOSPITAL	205
106564121	THOUSAND OAKS SURGICAL HOSPITAL	1,408

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OSHPD_ID	Facility Name	# of Discharges
106571086	WOODLAND MEMORIAL HOSPITAL	5,057
106574010	SUTTER DAVIS HOSPITAL	4,776
106580996	RIDEOUT MEMORIAL HOSPITAL	14,451

Appendix C
Expected Source of Payment Definitions and Plan Code Numbers
Patient Discharge Data
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Payer Plan Code	Payer Plan Name
0008	UHP Healthcare
0043	Blue Shield of California
0054	Contra Costa Health Plan
0055	Kaiser Foundation Health Plan, Inc.
0102	Magellan Health Services of California / Vista Behavioral Health Plan
0126	PacifiCare of California / Secure Horizons / Health Plan of America (HPA)
0142	Lifeguard, Inc.
0151	Inter Valley Health Plan
0152	Cigna HealthCare of California, Inc.
0176	Aetna Health Plans of California, Inc.
0196	Managed Health Network
0200	Community Health Group
0209	Universal Care
0212	SCAN Health Plan / Smartcare Health Plan
0231	Holman Professional Counseling Centers
0236	Santa Clara Valley Medical Center / Valley Health Plan
0248	Community Health Plan (County of Los Angeles)
0259	U.S. Behavioral Health Plan, California
0266	UHC Healthcare
0278	Chinese Community Health Plan
0292	HAI, Hai-Ca
0293	ValueOptions of California, Inc. / Value Behavioral Health of California, Inc.
0298	Cigna Behavioral Health of California
0300	Health Net of California, Inc.
0301	PacifiCare Behavioral Health of California
0303	Blue Cross of California
0310	Sharp Health Plan
0322	American Family Care / Molina Healthcare of California
0324	Tower Health Service
0325	Cigna HealthCare Pacific, Inc. Formerly Great West Health Plan, Inc/Cigna HealthCare Pacific, Inc
0326	Care 1st Health Plan
0328	Alameda Alliance for Health
0335	Kern Health Systems Inc
0338	(The) Health Plan of San Joaquin / The Health Plan of San Joaquin
0344	Ventura County Health Care Plan
0346	Inland Empire Health Plan (IEHP)
0348	Western Health Advantage
0349	San Francisco Health Authority (QIF)

Appendix C
Expected Source of Payment Definitions and Plan Code Numbers
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Payer Plan Code	Payer Plan Name
0351	Santa Clara Family Health Plan
0355	LA Care Health Plan
0357	Heritage Provider Network, Inc.
0358	Health Plan Of San Mateo
0366	Cedars-Sinai Provider Plan, LLC
0367	Primecare Medical Network, Inc.
0377	Scripps Clinic Health Plan Services, Inc.
0380	ProMed Health Care Administrators
0385	On Lok Senior Health Services
0390	Medcore HP
0393	Simnsa Health Care / Sistemas Medicos Nacionales, S.A. De C.V.
0394	Caloptima (Orange County)
0397	Avante Behavioral Health Plan
0400	San Luis Obispo Regional Health Authority / Santa Barbara Regional Health Authority
0401	Central Coast Alliance For Health (Santa Cruz County/Monterey County)
0404	Central Health Plan
0408	CareMore Insurance Services, Inc.
0414	Honored Citizens Choice Health Plan
0415	Blue Cross of California Partnership Plan (QIF)
0416	Partnership HealthPlan of California
0423	San Francisco Community Health Authority
0424	Contra Costa County Medical Services (QIF)
0425	Kern Health Systems Group Health Plan (QIF)
0426	Health Net Community Solutions, Inc. (QIF)
0427	Molina Healthcare of CA Partner Plan, Inc. (QIF)
0428	IEHP Health Access (QIF)
0432	AIDS HealthCare Foundation / Positive Healthcare
0439	San Mateo Community Health Plan (QIF)
0441	Arta Medicare Health Plan Inc.
0445	Gemcare Health Plan, Inc.
0453	Monarch Health Plan
0457	Easy Choice Health Plan, Inc.
0462	MD Care, Inc.
0468	Arcadian Health Plan, Inc.
0470	Choice Physicians Network. Inc
0476	Humana Health Plan of California
8000	Other HMO
0000	Plan Code not applicable
9030	Cal Optima (Orange County)

Appendix C
Expected Source of Payment Definitions and Plan Code Numbers
Patient Discharge Data
January - December 2011

Payer Plan Code	Payer Plan Name
9041	Health Plan of San Mateo (San Mateo County)
9042	Santa Barbara Health Authority (Santa Barbara County)
9044	Central Coast Alliance For Health (Santa Cruz)

Appendix D

2011 Source of Admission and Disposition Definitions

Source of Admission (SOA): In January of 1997, in order to fully describe the patient's source of admission, three aspects of the source were collected: first, the site from which the patient originated; second, the licensure of the site from which the patient originated; and, third, the route by which the patient was admitted. Each of these are described in detail below. If any part of the patient's source of admission is unknown, invalid or blank then a value of "0" is assigned to that portion(s) of the source code.

SOA Site:

Home: Includes patients admitted from the patient's home, the home of a relative or friend, or a vacation site, whether or not the patient was seen at an outpatient clinic or physician's office, or had been receiving home health services or hospice care at home. This category includes patients admitted from a home environment (e.g., half-way house, group home, foster care, women's shelter), patients admitted from an Alcoholism or Drug Abuse Recovery or Treatment Facility as licensed by the Department of Alcoholism and Drug Programs, homeless persons, mothers who deliver at home, babies born at home, and patients coming from another hospital's emergency department..

Residential Care Facility: Includes patients admitted from a facility in which the patient resides and that provides special assistance to its residents in activities of daily living, but that provides no organized healthcare. This category includes patients admitted from various types of facilities that provide supportive and custodial care (e.g., board and care, residential care facilities for the elderly). Also included in this category are Mental Health Rehabilitation Centers (MHRC). Licensed by the California Department of Mental Health (DMH).

Ambulatory Surgery: Includes patients admitted after treatment or examination in an ambulatory surgery facility, whether hospital-based or a freestanding licensed ambulatory surgery clinic or certified ambulatory surgery center. Outpatient clinics and physicians' offices not licensed and/or certified as an ambulatory surgery facility are excluded from this category.

Skilled Nursing/Intermediate Care (SN/IC): Includes patients admitted from skilled nursing care or intermediate care, whether freestanding or hospital-based, or from a Congregate Living Health Facility, as defined by Subdivision (i) of Section 1250 of the Health and Safety Code. This category includes patients admitted from a skilled nursing bed for the Medi-Cal Subacute Care and Transitional Care Program, an acute care bed that is used to provide skilled nursing care in an approved swing bed program, a California Department of Corrections (prison) skilled nursing facility, and an Institute for Mental Disease (IMD).

Acute Inpatient Hospital Care: Includes patients who were inpatients at a hospital, and who were receiving inpatient hospital care of a medical/surgical nature, such as in a perinatal, pediatric, intensive care, coronary care, respiratory care, newborn intensive care, or burn unit of a hospital. This category includes patients admitted from a

Appendix D

2011 Source of Admission and Disposition Definitions

California Department of Corrections (prison) hospital, a Long Term Acute Care Hospital (LTACH), an acute care bed for the Medi-Cal Subacute Care Program at another hospital, and an acute care bed for the Medi-Cal Transitional Care Program at another hospital.

Other Inpatient Hospital Care: Includes patients who were inpatients at a hospital, and who were receiving inpatient hospital care not of a medical/surgical nature, such as in a psychiatric, physical medicine rehabilitation, or chemical dependency recovery treatment unit.

Newborn: Babies born alive in the admitting hospital. This category excludes babies born prior to admission to the hospital.

Prison/Jail: Includes patients admitted from a correctional institution including juvenile hall.

Other: Includes patients admitted from a source other than mentioned above. This category also includes patients admitted from a freestanding, not hospital-based, inpatient hospice facility.

SOA Licensure:

This Hospital: Includes ambulatory surgery, skilled nursing/intermediate care, acute hospital care, or other hospital care from which the patient was admitted and operated as part of the license of the admitting hospital. This category includes all newborns.

Another Hospital: Includes ambulatory surgery, skilled nursing/intermediate care, acute hospital care, or other hospital care from which the patient was admitted and operated as part of the license of some other hospital. This category includes patients admitted from a consolidated hospital that has elected to submit separate discharge data reports to OSHPD for each facility, and babies born in another hospital's emergency department.

Not a Hospital: The site from which the patient was admitted was not operated under the license of a hospital. Includes all patients admitted from Home, Residential Care, Prison/Jail, and Other sites. Includes patients admitted from Ambulatory Surgery or Skilled Nursing/Intermediate Care sites that were not operated under the authority of the license of any hospital. Excludes all patients admitted from Acute Hospital Care or Other Hospital Care.

SOA Route:

This Hospital's Emergency Room: Includes any patient admitted as an inpatient after being treated or examined in the admitting hospital's emergency room. Excludes patients seen in the emergency room of another hospital.

Not this Hospital's Emergency Room: Includes any patient admitted as an inpatient without being treated or examined in this hospital's emergency room. This category also includes patients seen in the emergency room of some other hospital and patients not seen in any emergency room.

Appendix D

2011 Source of Admission and Disposition Definitions

Disposition:

Routine Discharge: A patient discharged from this hospital to return home, another private residence (e.g., half-way house, group home, foster care, woman's shelter), or an Alcoholism or Drug Abuse Recovery or Treatment Facility as licensed by the Department of Alcoholism and Drug Programs. This category includes patients scheduled for follow-up care at a physician's office, outpatient services (physical therapy, lab work, x-ray), or with intent of going home or sent home for hospice care. It excludes patients referred to a home health service.

Acute Care within this Hospital: A patient discharged to inpatient hospital care that is of a medical/surgical nature, such as to a perinatal, pediatric, intensive care, coronary care, respiratory care, newborn intensive care, or burn unit within the reporting hospital.

Other Type of Hospital Care within this Hospital: A patient discharged to inpatient hospital care not of a medical/surgical nature and not skilled nursing/intermediate care, such as to a psychiatric, physical medicine rehabilitation, or chemical dependency recovery treatment unit within the reporting hospital.

Skilled Nursing/Intermediate Care within this Hospital: A patient discharged to a Skilled Nursing / Intermediate Care (SN/IC) distinct part within the reporting hospital. This category includes skilled nursing beds for the Medi-Cal Subacute Care and Transitional Care Programs. It also includes acute care beds that are used to provide skilled nursing care in an approved swing bed program.

Acute Care at another Hospital: A patient discharged to another hospital to receive inpatient care that is of a medical/surgical nature, such as to a perinatal, pediatric, intensive care, coronary care, respiratory care, newborn intensive care, or burn unit of another hospital or to a Long Term Acute Care Hospital (LTACH). This category includes patients discharged between two facilities of a consolidated hospital that has elected to submit two or more discharge data reports to OSHPD. It also includes patients discharged to an acute care bed for the Medi-Cal Subacute Care Program, Medi-Cal Transitional Care Program of another acute care hospital, or to an acute care bed at an out-of-state, federal, or foreign hospital; or to ED or AS of another hospital with the intent of being admitted to that facility's acute care.

Other Type of Care at another Hospital: A patient discharged to another hospital to receive inpatient hospital care such as to a psychiatric, physical medicine rehabilitation, or chemical dependency recovery treatment at another hospital, not of a medical/surgical nature and not skilled nursing/intermediate care. This category includes patients discharged between a consolidated hospital that has elected to submit two discharge data reports to OSHPD. It also includes patients discharged to an acute care bed at an out-of-state, federal, or foreign hospital; or to the ED or AS of another hospital with the intent of being admitted to that facility's psychiatric, rehabilitation, or chemical dependency care.

Appendix D

2011 Source of Admission and Disposition Definitions

Skilled Nursing/Intermediate Care Elsewhere: A patient discharged from this hospital to a Skilled Nursing/Intermediate Care type of care, either freestanding or a distinct part within another hospital, or to a Congregate Living Health Facility, as defined by Subsection (i) of Section 1250 of the Health and Safety Code. This category includes skilled nursing beds for the Medi-Cal Subacute Care and Transitional Care Programs and acute care beds that are used to provide skilled nursing care in an approved swing bed program at another hospital. This category includes patients discharged between a consolidated hospital that has elected to submit two discharge data reports to OSHPD. It also includes patients discharged to an acute care bed at an out-of-state, federal, or foreign hospital; or to the ED or AS of another hospital with the intent of being admitted to that facility's skilled nursing care.

Residential Care Facility: A patient discharged to a facility that provides special assistance to its residents in activities of daily living, but that provides no organized healthcare. Various types of facilities provide supportive and custodial care and are licensed by California Department of Social Services and are not considered to be health facilities. It also includes patients discharged to Mental Health Rehabilitation Centers.

Prison/Jail: A patient discharged to a correctional institution including juvenile hall.

Against Medical Advice: Patient left the hospital against medical advice, without a physician's discharge order. Psychiatric patients discharged from away without leave status (AWOL) are also included in this category.

Died: All episodes of inpatient care that terminated in death. Patient expired after admission and before leaving the hospital.

Home Health Service: A patient referred to a licensed home health service program. This category includes patients discharged home with home health services and may include hospice care.

Other: A patient discharged to some place other than mentioned above. Includes patients discharged to a freestanding, not hospital-based, inpatient hospice facility. This category includes patients sent to another facility's Emergency Department, Ambulatory Surgery, or freestanding Ambulatory Surgery Clinic for a significant procedure with the intent of returning to that facility; or with the intent of going home following the procedure.

If the reported disposition of a patient is invalid or missing then the patient's disposition is defaulted to "00".

Appendix E

2011 Race and Ethnicity Codes Definitions

Race and Ethnicity data is most accurate when the patients are asked to identify their own race and ethnicity. Self-identification may include the use of a form displaying race/ethnicity choices. Because data quality deteriorates when assumptions are based on the patient's or a family member's name, physical appearance, place of birth, or primary language hospitals are instructed to code Race and Ethnicity as "Unknown" if the patient or family member is unable or unwilling to declare. The parents declare the ethnicity and race of a newborn. If the parent(s) is unable or unwilling to declare the newborn's race, it is appropriate for the hospital reporting to OSHPD to report the ethnicity and race of the mother for that of the newborn. Multiracial patients may choose any one of the categories that is at least partially accurate (including "other"). For more discussion and examples of coding guidelines see the California Inpatient Data Reporting Manual at www.oshpd.ca.gov/HID/MIRCal/IPManual.html.

Race

White: A person having origins in or who identifies with any of the original Caucasian peoples of Europe, North Africa, or the Middle East.

Black: A person having origins in or who identifies with any of the black racial groups of Africa.

Native American/Eskimo/Aleut: A person having origins in or who identifies with any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.

Asian/Pacific Islander – A person having origins in or who identifies with any of the original oriental peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. Includes Hawaii, Laos, Vietnam, Cambodia, Hong Kong, Taiwan, China, India, Japan, Korea, the Philippine Islands, and Samoa. The following is a list of Asian and Pacific Islander groups reported in 2000 U.S. Census:

Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. It includes "Asian Indian," "Chinese," "Filipino," "Korean," "Japanese," "Vietnamese," and "Other Asian."

Asian Indian. Includes people who indicated their race as "Asian Indian" or identified themselves as Bengalese, Bharat, Dravidian, East Indian, or Goanese.

Chinese. Includes people who indicate their race as "Chinese" or who identify themselves as Cantonese, or Chinese American. In some census tabulations, written entries of Taiwanese are included with Chinese while in others they are shown separately.

Appendix E

2011 Race and Ethnicity Codes Definitions

Filipino. Includes people who indicate their race as "Filipino" or who report entries such as Philipino, Philipine, or Filipino American.

Japanese. Includes people who indicate their race as "Japanese" or who report entries such as Nipponese or Japanese American.

Korean. Includes people who indicate their race as "Korean" or who provide a response of Korean American.

Vietnamese. Includes people who indicate their race as "Vietnamese" or who provide a response of Vietnamese American.

Cambodian. Includes people who provide a response such as Cambodian or Cambodia.

Hmong. Includes people who provide a response such as Hmong, Laohmong, or Mong.

Laotian. Includes people who provide a response such as Laotian, Laos, or Lao.

Thai. Includes people who provide a response such as Thai, Thailand, or Siamese.

Other Asian. Includes people who provide a response of Bangladeshi, Bhutanese, Burmese, Indochinese, Indonesian, Iwo Jiman, Madagascar, Malaysian, Maldivian, Nepalese, Okinawan, Pakistani, Singaporean, Sri Lankan, or Other Asian specified and Other Asian, not specified.

Native Hawaiian and Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. It includes people who indicate their race as "Native Hawaiian," "Guamanian or Chamorro," "Samoan," and "Other Pacific Islander."

Native Hawaiian. Includes people who indicate their race as "Native Hawaiian" or who identify themselves as "Part Hawaiian" or "Hawaiian."

Guamanian or Chamorro. Includes people who indicate their race as such, including written entries of Chamorro or Guam.

Samoan. Includes people who indicate their race as "Samoan" or who identify themselves as American Samoan or Western Samoan.

Other Pacific Islander. Includes people who provide a write-in response of a Pacific Islander group such as Carolinian, Chuukese (Trukese), Fijian, Kosraean, Melanesian, Micronesian, Northern Mariana Islander, Palauan, Papua New Guinean, Pohnpeian, Polynesian, Solomon Islander, Tahitian, Tokelauan, Tongan, Yapese, or Pacific Islander, not specified.

Other: Any possible options not covered in the above categories. This may included patients who cite more than one race.

Appendix E

2011 Race and Ethnicity Codes Definitions

Ethnicity

Hispanic: A person who identifies with or is of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin. Hispanic origin or descent is not to be confused with race. A person of Hispanic origin may be of any race.

Non-Hispanic: A person who identifies with a culture or origin other than Hispanic. This category excludes patients who can not or will not declare their ethnicity.

Unknown: Includes patients who can not or will not declare their ethnicity. Unknown is also used as a default for reported invalid and blank values of ethnicity.

Appendix G

Major Diagnostic Categories (MDCs)

Patient Discharge Data

January - December 2011

Version 28.0 MSDRG Grouper

MDC Code	MDC Description
00	UNGROUPABLE
01	NERVOUS SYSTEM, DISEASES & DISORDERS
02	EYE, DISEASES & DISORDERS
03	EAR, NOSE, MOUTH, & THROAT, DISEASES & DISORDERS
04	RESPIRATORY SYSTEM, DISEASES & DISORDERS
05	CIRCULATORY SYSTEM, DISEASES & DISORDERS
06	DIGESTIVE SYSTEM, DISEASES & DISORDERS
07	HEPATOBIILIARY SYSTEM & PANCREAS, DISEASES & DISORDERS
08	MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE, DISEASES & DISORDERS
09	SKIN, SUBCUTANEOUS TISSUE & BREAST, DISEASES & DISORDERS
10	ENDOCRINE, NUTRITIONAL, AND METABOLIC, DISEASES & DISORDERS
11	KIDNEY AND URINARY TRACT, DISEASES & DISORDERS
12	MALE REPRODUCTIVE SYSTEM, DISEASES & DISORDERS
13	FEMALE REPRODUCTIVE SYSTEM, DISEASES & DISORDERS
14	PREGNANCY, CHILDBIRTH, & THE PUERPERIUM
15	NEWBORNS AND NEONATE CONDITIONS BEGAN IN PERINATAL PERIOD
16	BLOOD, BLOOD FORMING ORGANS, IMMUNOLOGICAL, DISEASES & DISORDERS
17	MYELOPROLIFERATIVE DISEASES & POORLY DIFFERENTIATED NEOPLASMS
18	INFECTIOUS & PARASITIC DISEASES
19	MENTAL DISEASES & DISORDERS
20	ALCOHOLDRUG USE AND ALCOHOLDRUG INDUCED ORGANIC MENTAL DISEASES
21	INJURIES, POISONINGS, AND TOXIC EFFECTS OF DRUGS
22	BURNS
23	FACTORS ON HEALTH STATUS & OTHER CONTACTS WITH HEALTH SERVICES
24	MULTIPLE SIGNFICANT TRAUMA
25	HUMAN IMMUNODEFICIENCY VIRUS INFECTIONS

Version 29.0 MSDRG Grouper

MDC Code	MDC Description
00	UNGROUPABLE
01	NERVOUS SYSTEM, DISEASES & DISORDERS
02	EYE, DISEASES & DISORDERS
03	EAR, NOSE, MOUTH, & THROAT, DISEASES & DISORDERS
04	RESPIRATORY SYSTEM, DISEASES & DISORDERS

Appendix G

Major Diagnostic Categories (MDCs)

Patient Discharge Data

January - December 2011

05	CIRCULATORY SYSTEM, DISEASES & DISORDERS
06	DIGESTIVE SYSTEM, DISEASES & DISORDERS
07	HEPATOBIILIARY SYSTEM & PANCREAS, DISEASES & DISORDERS
08	MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE, DISEASES & DISORDERS
09	SKIN, SUBCUTANEOUS TISSUE & BREAST, DISEASES & DISORDERS
10	ENDOCRINE, NUTRITIONAL, AND METABOLIC, DISEASES & DISORDERS
11	KIDNEY AND URINARY TRACT, DISEASES & DISORDERS
12	MALE REPRODUCTIVE SYSTEM, DISEASES & DISORDERS
13	FEMALE REPRODUCTIVE SYSTEM, DISEASES & DISORDERS
14	PREGNANCY, CHILDBIRTH, & THE PUERPERIUM
15	NEWBORNS AND NEONATE CONDITIONS BEGAN IN PERINATAL PERIOD
16	BLOOD, BLOOD FORMING ORGANS, IMMUNOLOGICAL, DISEASES & DISORDERS
17	MYELOPROLIFERATIVE DISEASES & POORLY DIFFERENTIATED NEOPLASMS
18	INFECTIOUS & PARASITIC DISEASES
19	MENTAL DISEASES & DISORDERS
20	ALCOHOLDRUG USE AND ALCOHOLDRUG INDUCED ORGANIC MENTAL DISEASES
21	INJURIES, POISONINGS, AND TOXIC EFFECTS OF DRUGS
22	BURNS
23	FACTORS ON HEALTH STATUS & OTHER CONTACTS WITH HEALTH SERVICES
24	MULTIPLE SIGNFICANT TRAUMA
25	HUMAN IMMUNODEFICIENCY VIRUS INFECTIONS

Appendix H
Medicare Severity-Diagnosis Related Groups (MS-DRGs)
Patient Discharge Data
January - December 2011

MS-DRG Grouper Version 28.0

MDC Code	MS-DRG Code	MS-DRG Description
00	999	UNGROUPABLE
01	020	INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W MCC
01	021	INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W CC
01	022	INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W/O CC/MCC
01	023	CRANIO W MAJOR DEV IMPL/ACUTE COMPLEX CNS PDX W MCC OR CHEMO IMPLANT
01	024	CRANIO W MAJOR DEV IMPL/ACUTE COMPLEX CNS PDX W/O MCC
01	025	CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W MCC
01	026	CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W CC
01	027	CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W/O CC/MCC
01	028	SPINAL PROCEDURES W MCC
01	029	SPINAL PROCEDURES W CC OR SPINAL NEUROSTIMULATORS
01	030	SPINAL PROCEDURES W/O CC/MCC
01	031	VENTRICULAR SHUNT PROCEDURES W MCC
01	032	VENTRICULAR SHUNT PROCEDURES W CC
01	033	VENTRICULAR SHUNT PROCEDURES W/O CC/MCC
01	034	CAROTID ARTERY STENT PROCEDURE W MCC
01	035	CAROTID ARTERY STENT PROCEDURE W CC
01	036	CAROTID ARTERY STENT PROCEDURE W/O CC/MCC
01	037	EXTRACRANIAL PROCEDURES W MCC
01	038	EXTRACRANIAL PROCEDURES W CC
01	039	EXTRACRANIAL PROCEDURES W/O CC/MCC
01	040	PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W MCC
01	041	PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W CC OR PERIPH NEUROSTIM
01	042	PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W/O CC/MCC
01	052	SPINAL DISORDERS & INJURIES W CC/MCC
01	053	SPINAL DISORDERS & INJURIES W/O CC/MCC
01	054	NERVOUS SYSTEM NEOPLASMS W MCC
01	055	NERVOUS SYSTEM NEOPLASMS W/O MCC
01	056	DEGENERATIVE NERVOUS SYSTEM DISORDERS W MCC
01	057	DEGENERATIVE NERVOUS SYSTEM DISORDERS W/O MCC
01	058	MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W MCC
01	059	MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W CC
01	060	MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W/O CC/MCC
01	061	ACUTE ISCHEMIC STROKE W USE OF THROMBOLYTIC AGENT W MCC
01	062	ACUTE ISCHEMIC STROKE W USE OF THROMBOLYTIC AGENT W CC
01	063	ACUTE ISCHEMIC STROKE W USE OF THROMBOLYTIC AGENT W/O CC/MCC

Appendix H
Medicare Severity-Diagnosis Related Groups (MS-DRGs)
Patient Discharge Data
January - December 2011

MS-DRG Grouper Version 28.0

MDC Code	MS-DRG Code	MS-DRG Description
01	064	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W MCC
01	065	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W CC
01	066	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W/O CC/MCC
01	067	NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W MCC
01	068	NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W/O MCC
01	069	TRANSIENT ISCHEMIA
01	070	NONSPECIFIC CEREBROVASCULAR DISORDERS W MCC
01	071	NONSPECIFIC CEREBROVASCULAR DISORDERS W CC
01	072	NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC/MCC
01	073	CRANIAL & PERIPHERAL NERVE DISORDERS W MCC
01	074	CRANIAL & PERIPHERAL NERVE DISORDERS W/O MCC
01	075	VIRAL MENINGITIS W CC/MCC
01	076	VIRAL MENINGITIS W/O CC/MCC
01	077	HYPERTENSIVE ENCEPHALOPATHY W MCC
01	078	HYPERTENSIVE ENCEPHALOPATHY W CC
01	079	HYPERTENSIVE ENCEPHALOPATHY W/O CC/MCC
01	080	NONTRAUMATIC STUPOR & COMA W MCC
01	081	NONTRAUMATIC STUPOR & COMA W/O MCC
01	082	TRAUMATIC STUPOR & COMA, COMA >1 HR W MCC
01	083	TRAUMATIC STUPOR & COMA, COMA >1 HR W CC
01	084	TRAUMATIC STUPOR & COMA, COMA >1 HR W/O CC/MCC
01	085	TRAUMATIC STUPOR & COMA, COMA <1 HR W MCC
01	086	TRAUMATIC STUPOR & COMA, COMA <1 HR W CC
01	087	TRAUMATIC STUPOR & COMA, COMA <1 HR W/O CC/MCC
01	088	CONCUSSION W MCC
01	089	CONCUSSION W CC
01	090	CONCUSSION W/O CC/MCC
01	091	OTHER DISORDERS OF NERVOUS SYSTEM W MCC
01	092	OTHER DISORDERS OF NERVOUS SYSTEM W CC
01	093	OTHER DISORDERS OF NERVOUS SYSTEM W/O CC/MCC
01	094	BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W MCC
01	095	BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W CC
01	096	BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W/O CC/MCC
01	097	NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W MCC
01	098	NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W CC
01	099	NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W/O CC/MCC
01	100	SEIZURES W MCC

Appendix H
Medicare Severity-Diagnosis Related Groups (MS-DRGs)
Patient Discharge Data
January - December 2011

MS-DRG Grouper Version 28.0

MDC Code	MS-DRG Code	MS-DRG Description
01	101	SEIZURES W/O MCC
01	102	HEADACHES W MCC
01	103	HEADACHES W/O MCC
02	113	ORBITAL PROCEDURES W CC/MCC
02	114	ORBITAL PROCEDURES W/O CC/MCC
02	115	EXTRAOCULAR PROCEDURES EXCEPT ORBIT
02	116	INTRAOCULAR PROCEDURES W CC/MCC
02	117	INTRAOCULAR PROCEDURES W/O CC/MCC
02	121	ACUTE MAJOR EYE INFECTIONS W CC/MCC
02	122	ACUTE MAJOR EYE INFECTIONS W/O CC/MCC
02	123	NEUROLOGICAL EYE DISORDERS
02	124	OTHER DISORDERS OF THE EYE W MCC
02	125	OTHER DISORDERS OF THE EYE W/O MCC
03	129	MAJOR HEAD & NECK PROCEDURES W CC/MCC OR MAJOR DEVICE
03	130	MAJOR HEAD & NECK PROCEDURES W/O CC/MCC
03	131	CRANIAL/FACIAL PROCEDURES W CC/MCC
03	132	CRANIAL/FACIAL PROCEDURES W/O CC/MCC
03	133	OTHER EAR, NOSE, MOUTH & THROAT O.R. PROCEDURES W CC/MCC
03	134	OTHER EAR, NOSE, MOUTH & THROAT O.R. PROCEDURES W/O CC/MCC
03	135	SINUS & MASTOID PROCEDURES W CC/MCC
03	136	SINUS & MASTOID PROCEDURES W/O CC/MCC
03	137	MOUTH PROCEDURES W CC/MCC
03	138	MOUTH PROCEDURES W/O CC/MCC
03	139	SALIVARY GLAND PROCEDURES
03	146	EAR, NOSE, MOUTH & THROAT MALIGNANCY W MCC
03	147	EAR, NOSE, MOUTH & THROAT MALIGNANCY W CC
03	148	EAR, NOSE, MOUTH & THROAT MALIGNANCY W/O CC/MCC
03	149	DYSEQUILIBRIUM
03	150	EPISTAXIS W MCC
03	151	EPISTAXIS W/O MCC
03	152	OTITIS MEDIA & URI W MCC
03	153	OTITIS MEDIA & URI W/O MCC
03	154	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W MCC
03	155	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W CC
03	156	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W/O CC/MCC
03	157	DENTAL & ORAL DISEASES W MCC
03	158	DENTAL & ORAL DISEASES W CC

Appendix H
Medicare Severity-Diagnosis Related Groups (MS-DRGs)
Patient Discharge Data
January - December 2011

MS-DRG Grouper Version 28.0

MDC Code	MS-DRG Code	MS-DRG Description
03	159	DENTAL & ORAL DISEASES W/O CC/MCC
04	163	MAJOR CHEST PROCEDURES W MCC
04	164	MAJOR CHEST PROCEDURES W CC
04	165	MAJOR CHEST PROCEDURES W/O CC/MCC
04	166	OTHER RESP SYSTEM O.R. PROCEDURES W MCC
04	167	OTHER RESP SYSTEM O.R. PROCEDURES W CC
04	168	OTHER RESP SYSTEM O.R. PROCEDURES W/O CC/MCC
04	175	PULMONARY EMBOLISM W MCC
04	176	PULMONARY EMBOLISM W/O MCC
04	177	RESPIRATORY INFECTIONS & INFLAMMATIONS W MCC
04	178	RESPIRATORY INFECTIONS & INFLAMMATIONS W CC
04	179	RESPIRATORY INFECTIONS & INFLAMMATIONS W/O CC/MCC
04	180	RESPIRATORY NEOPLASMS W MCC
04	181	RESPIRATORY NEOPLASMS W CC
04	182	RESPIRATORY NEOPLASMS W/O CC/MCC
04	183	MAJOR CHEST TRAUMA W MCC
04	184	MAJOR CHEST TRAUMA W CC
04	185	MAJOR CHEST TRAUMA W/O CC/MCC
04	186	PLEURAL EFFUSION W MCC
04	187	PLEURAL EFFUSION W CC
04	188	PLEURAL EFFUSION W/O CC/MCC
04	189	PULMONARY EDEMA & RESPIRATORY FAILURE
04	190	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC
04	191	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W CC
04	192	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W/O CC/MCC
04	193	SIMPLE PNEUMONIA & PLEURISY W MCC
04	194	SIMPLE PNEUMONIA & PLEURISY W CC
04	195	SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC
04	196	INTERSTITIAL LUNG DISEASE W MCC
04	197	INTERSTITIAL LUNG DISEASE W CC
04	198	INTERSTITIAL LUNG DISEASE W/O CC/MCC
04	199	PNEUMOTHORAX W MCC
04	200	PNEUMOTHORAX W CC
04	201	PNEUMOTHORAX W/O CC/MCC
04	202	BRONCHITIS & ASTHMA W CC/MCC
04	203	BRONCHITIS & ASTHMA W/O CC/MCC
04	204	RESPIRATORY SIGNS & SYMPTOMS

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MDC Code	MS-DRG Code	MS-DRG Description
04	205	OTHER RESPIRATORY SYSTEM DIAGNOSES W MCC
04	206	OTHER RESPIRATORY SYSTEM DIAGNOSES W/O MCC
04	207	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS
04	208	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT <96 HOURS
05	215	OTHER HEART ASSIST SYSTEM IMPLANT
05	216	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W MCC
05	217	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W CC
05	218	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W/O CC/MCC
05	219	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W MCC
05	220	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W CC
05	221	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W/O CC/MCC
05	222	CARDIAC DEFIB IMPLANT W CARDIAC CATH W AMI/HF/SHOCK W MCC
05	223	CARDIAC DEFIB IMPLANT W CARDIAC CATH W AMI/HF/SHOCK W/O MCC
05	224	CARDIAC DEFIB IMPLANT W CARDIAC CATH W/O AMI/HF/SHOCK W MCC
05	225	CARDIAC DEFIB IMPLANT W CARDIAC CATH W/O AMI/HF/SHOCK W/O MCC
05	226	CARDIAC DEFIBRILLATOR IMPLANT W/O CARDIAC CATH W MCC
05	227	CARDIAC DEFIBRILLATOR IMPLANT W/O CARDIAC CATH W/O MCC
05	228	OTHER CARDIOTHORACIC PROCEDURES W MCC
05	229	OTHER CARDIOTHORACIC PROCEDURES W CC
05	230	OTHER CARDIOTHORACIC PROCEDURES W/O CC/MCC
05	231	CORONARY BYPASS W PTCA W MCC
05	232	CORONARY BYPASS W PTCA W/O MCC
05	233	CORONARY BYPASS W CARDIAC CATH W MCC
05	234	CORONARY BYPASS W CARDIAC CATH W/O MCC
05	235	CORONARY BYPASS W/O CARDIAC CATH W MCC
05	236	CORONARY BYPASS W/O CARDIAC CATH W/O MCC
05	237	MAJOR CARDIOVASC PROCEDURES W MCC OR THORACIC AORTIC ANEURYSM REPAIR
05	238	MAJOR CARDIOVASC PROCEDURES W/O MCC
05	239	AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W MCC
05	240	AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W CC
05	241	AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W/O CC/MCC
05	242	PERMANENT CARDIAC PACEMAKER IMPLANT W MCC
05	243	PERMANENT CARDIAC PACEMAKER IMPLANT W CC
05	244	PERMANENT CARDIAC PACEMAKER IMPLANT W/O CC/MCC
05	245	AICD GENERATOR PROCEDURES
05	246	PERC CARDIOVASC PROC W DRUG-ELUTING STENT W MCC OR 4+ VESSELS/STENTS
05	247	PERC CARDIOVASC PROC W DRUG-ELUTING STENT W/O MCC

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MDC Code	MS-DRG Code	MS-DRG Description
05	248	PERC CARDIOVASC PROC W NON-DRUG-ELUTING STENT W MCC OR 4+ VES/STENTS
05	249	PERC CARDIOVASC PROC W NON-DRUG-ELUTING STENT W/O MCC
05	250	PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W MCC
05	251	PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W/O MCC
05	252	OTHER VASCULAR PROCEDURES W MCC
05	253	OTHER VASCULAR PROCEDURES W CC
05	254	OTHER VASCULAR PROCEDURES W/O CC/MCC
05	255	UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W MCC
05	256	UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W CC
05	257	UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W/O CC/MCC
05	258	CARDIAC PACEMAKER DEVICE REPLACEMENT W MCC
05	259	CARDIAC PACEMAKER DEVICE REPLACEMENT W/O MCC
05	260	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W MCC
05	261	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W CC
05	262	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W/O CC/MCC
05	263	VEIN LIGATION & STRIPPING
05	264	OTHER CIRCULATORY SYSTEM O.R. PROCEDURES
05	265	AICD LEAD PROCEDURES
05	280	ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W MCC
05	281	ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W CC
05	282	ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W/O CC/MCC
05	283	ACUTE MYOCARDIAL INFARCTION, EXPIRED W MCC
05	284	ACUTE MYOCARDIAL INFARCTION, EXPIRED W CC
05	285	ACUTE MYOCARDIAL INFARCTION, EXPIRED W/O CC/MCC
05	286	CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W MCC
05	287	CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O MCC
05	288	ACUTE & SUBACUTE ENDOCARDITIS W MCC
05	289	ACUTE & SUBACUTE ENDOCARDITIS W CC
05	290	ACUTE & SUBACUTE ENDOCARDITIS W/O CC/MCC
05	291	HEART FAILURE & SHOCK W MCC
05	292	HEART FAILURE & SHOCK W CC
05	293	HEART FAILURE & SHOCK W/O CC/MCC
05	294	DEEP VEIN THROMBOPHLEBITIS W CC/MCC
05	295	DEEP VEIN THROMBOPHLEBITIS W/O CC/MCC
05	296	CARDIAC ARREST, UNEXPLAINED W MCC
05	297	CARDIAC ARREST, UNEXPLAINED W CC
05	298	CARDIAC ARREST, UNEXPLAINED W/O CC/MCC

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MDC Code	MS-DRG Code	MS-DRG Description
05	299	PERIPHERAL VASCULAR DISORDERS W MCC
05	300	PERIPHERAL VASCULAR DISORDERS W CC
05	301	PERIPHERAL VASCULAR DISORDERS W/O CC/MCC
05	302	ATHEROSCLEROSIS W MCC
05	303	ATHEROSCLEROSIS W/O MCC
05	304	HYPERTENSION W MCC
05	305	HYPERTENSION W/O MCC
05	306	CARDIAC CONGENITAL & VALVULAR DISORDERS W MCC
05	307	CARDIAC CONGENITAL & VALVULAR DISORDERS W/O MCC
05	308	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W MCC
05	309	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC
05	310	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC/MCC
05	311	ANGINA PECTORIS
05	312	SYNCOPE & COLLAPSE
05	313	CHEST PAIN
05	314	OTHER CIRCULATORY SYSTEM DIAGNOSES W MCC
05	315	OTHER CIRCULATORY SYSTEM DIAGNOSES W CC
05	316	OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC/MCC
06	326	STOMACH, ESOPHAGEAL & DUODENAL PROC W MCC
06	327	STOMACH, ESOPHAGEAL & DUODENAL PROC W CC
06	328	STOMACH, ESOPHAGEAL & DUODENAL PROC W/O CC/MCC
06	329	MAJOR SMALL & LARGE BOWEL PROCEDURES W MCC
06	330	MAJOR SMALL & LARGE BOWEL PROCEDURES W CC
06	331	MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC
06	332	RECTAL RESECTION W MCC
06	333	RECTAL RESECTION W CC
06	334	RECTAL RESECTION W/O CC/MCC
06	335	PERITONEAL ADHESIOLYSIS W MCC
06	336	PERITONEAL ADHESIOLYSIS W CC
06	337	PERITONEAL ADHESIOLYSIS W/O CC/MCC
06	338	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W MCC
06	339	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W CC
06	340	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W/O CC/MCC
06	341	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W MCC
06	342	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W CC
06	343	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W/O CC/MCC
06	344	MINOR SMALL & LARGE BOWEL PROCEDURES W MCC

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MDC Code	MS-DRG Code	MS-DRG Description
06	345	MINOR SMALL & LARGE BOWEL PROCEDURES W CC
06	346	MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC
06	347	ANAL & STOMAL PROCEDURES W MCC
06	348	ANAL & STOMAL PROCEDURES W CC
06	349	ANAL & STOMAL PROCEDURES W/O CC/MCC
06	350	INGUINAL & FEMORAL HERNIA PROCEDURES W MCC
06	351	INGUINAL & FEMORAL HERNIA PROCEDURES W CC
06	352	INGUINAL & FEMORAL HERNIA PROCEDURES W/O CC/MCC
06	353	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W MCC
06	354	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W CC
06	355	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W/O CC/MCC
06	356	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W MCC
06	357	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC
06	358	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC
06	368	MAJOR ESOPHAGEAL DISORDERS W MCC
06	369	MAJOR ESOPHAGEAL DISORDERS W CC
06	370	MAJOR ESOPHAGEAL DISORDERS W/O CC/MCC
06	371	MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W MCC
06	372	MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W CC
06	373	MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W/O CC/MCC
06	374	DIGESTIVE MALIGNANCY W MCC
06	375	DIGESTIVE MALIGNANCY W CC
06	376	DIGESTIVE MALIGNANCY W/O CC/MCC
06	377	G.I. HEMORRHAGE W MCC
06	378	G.I. HEMORRHAGE W CC
06	379	G.I. HEMORRHAGE W/O CC/MCC
06	380	COMPLICATED PEPTIC ULCER W MCC
06	381	COMPLICATED PEPTIC ULCER W CC
06	382	COMPLICATED PEPTIC ULCER W/O CC/MCC
06	383	UNCOMPLICATED PEPTIC ULCER W MCC
06	384	UNCOMPLICATED PEPTIC ULCER W/O MCC
06	385	INFLAMMATORY BOWEL DISEASE W MCC
06	386	INFLAMMATORY BOWEL DISEASE W CC
06	387	INFLAMMATORY BOWEL DISEASE W/O CC/MCC
06	388	G.I. OBSTRUCTION W MCC
06	389	G.I. OBSTRUCTION W CC
06	390	G.I. OBSTRUCTION W/O CC/MCC

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MDC Code	MS-DRG Code	MS-DRG Description
06	391	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W MCC
06	392	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC
06	393	OTHER DIGESTIVE SYSTEM DIAGNOSES W MCC
06	394	OTHER DIGESTIVE SYSTEM DIAGNOSES W CC
06	395	OTHER DIGESTIVE SYSTEM DIAGNOSES W/O CC/MCC
07	405	PANCREAS, LIVER & SHUNT PROCEDURES W MCC
07	406	PANCREAS, LIVER & SHUNT PROCEDURES W CC
07	407	PANCREAS, LIVER & SHUNT PROCEDURES W/O CC/MCC
07	408	BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W MCC
07	409	BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W CC
07	410	BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W/O CC/MCC
07	411	CHOLECYSTECTOMY W C.D.E. W MCC
07	412	CHOLECYSTECTOMY W C.D.E. W CC
07	413	CHOLECYSTECTOMY W C.D.E. W/O CC/MCC
07	414	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W MCC
07	415	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W CC
07	416	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W/O CC/MCC
07	417	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W MCC
07	418	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC
07	419	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC/MCC
07	420	HEPATOBIILIARY DIAGNOSTIC PROCEDURES W MCC
07	421	HEPATOBIILIARY DIAGNOSTIC PROCEDURES W CC
07	422	HEPATOBIILIARY DIAGNOSTIC PROCEDURES W/O CC/MCC
07	423	OTHER HEPATOBIILIARY OR PANCREAS O.R. PROCEDURES W MCC
07	424	OTHER HEPATOBIILIARY OR PANCREAS O.R. PROCEDURES W CC
07	425	OTHER HEPATOBIILIARY OR PANCREAS O.R. PROCEDURES W/O CC/MCC
07	432	CIRRHOSIS & ALCOHOLIC HEPATITIS W MCC
07	433	CIRRHOSIS & ALCOHOLIC HEPATITIS W CC
07	434	CIRRHOSIS & ALCOHOLIC HEPATITIS W/O CC/MCC
07	435	MALIGNANCY OF HEPATOBIILIARY SYSTEM OR PANCREAS W MCC
07	436	MALIGNANCY OF HEPATOBIILIARY SYSTEM OR PANCREAS W CC
07	437	MALIGNANCY OF HEPATOBIILIARY SYSTEM OR PANCREAS W/O CC/MCC
07	438	DISORDERS OF PANCREAS EXCEPT MALIGNANCY W MCC
07	439	DISORDERS OF PANCREAS EXCEPT MALIGNANCY W CC
07	440	DISORDERS OF PANCREAS EXCEPT MALIGNANCY W/O CC/MCC
07	441	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W MCC
07	442	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W CC

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MDC Code	MS-DRG Code	MS-DRG Description
07	443	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W/O CC/MCC
07	444	DISORDERS OF THE BILIARY TRACT W MCC
07	445	DISORDERS OF THE BILIARY TRACT W CC
07	446	DISORDERS OF THE BILIARY TRACT W/O CC/MCC
08	453	COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W MCC
08	454	COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W CC
08	455	COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W/O CC/MCC
08	456	SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR 9+ FUS W MCC
08	457	SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR 9+ FUS W CC
08	458	SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR 9+ FUS W/O CC/MCC
08	459	SPINAL FUSION EXCEPT CERVICAL W MCC
08	460	SPINAL FUSION EXCEPT CERVICAL W/O MCC
08	461	BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W MCC
08	462	BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W/O MCC
08	463	WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W MCC
08	464	WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W CC
08	465	WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W/O CC/MCC
08	466	REVISION OF HIP OR KNEE REPLACEMENT W MCC
08	467	REVISION OF HIP OR KNEE REPLACEMENT W CC
08	468	REVISION OF HIP OR KNEE REPLACEMENT W/O CC/MCC
08	469	MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W MCC
08	470	MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC
08	471	CERVICAL SPINAL FUSION W MCC
08	472	CERVICAL SPINAL FUSION W CC
08	473	CERVICAL SPINAL FUSION W/O CC/MCC
08	474	AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W MCC
08	475	AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W CC
08	476	AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W/O CC/MCC
08	477	BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC
08	478	BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC
08	479	BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC
08	480	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W MCC
08	481	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W CC
08	482	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W/O CC/MCC
08	483	MAJOR JOINT & LIMB REATTACHMENT PROC OF UPPER EXTREMITY W CC/MCC
08	484	MAJOR JOINT & LIMB REATTACHMENT PROC OF UPPER EXTREMITY W/O CC/MCC
08	485	KNEE PROCEDURES W PDX OF INFECTION W MCC

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MDC Code	MS-DRG Code	MS-DRG Description
08	486	KNEE PROCEDURES W PDX OF INFECTION W CC
08	487	KNEE PROCEDURES W PDX OF INFECTION W/O CC/MCC
08	488	KNEE PROCEDURES W/O PDX OF INFECTION W CC/MCC
08	489	KNEE PROCEDURES W/O PDX OF INFECTION W/O CC/MCC
08	490	BACK & NECK PROC EXC SPINAL FUSION W CC/MCC OR DISC DEVICE/NEUROSIM
08	491	BACK & NECK PROC EXC SPINAL FUSION W/O CC/MCC
08	492	LOWER EXTREM & HUMER PROC EXCEPT HIP,FOOT,FEMUR W MCC
08	493	LOWER EXTREM & HUMER PROC EXCEPT HIP,FOOT,FEMUR W CC
08	494	LOWER EXTREM & HUMER PROC EXCEPT HIP,FOOT,FEMUR W/O CC/MCC
08	495	LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W MCC
08	496	LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W CC
08	497	LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W/O CC/MCC
08	498	LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W CC/MCC
08	499	LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W/O CC/MCC
08	500	SOFT TISSUE PROCEDURES W MCC
08	501	SOFT TISSUE PROCEDURES W CC
08	502	SOFT TISSUE PROCEDURES W/O CC/MCC
08	503	FOOT PROCEDURES W MCC
08	504	FOOT PROCEDURES W CC
08	505	FOOT PROCEDURES W/O CC/MCC
08	506	MAJOR THUMB OR JOINT PROCEDURES
08	507	MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W CC/MCC
08	508	MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W/O CC/MCC
08	509	ARTHROSCOPY
08	510	SHOULDER,ELBOW OR FOREARM PROC,EXC MAJOR JOINT PROC W MCC
08	511	SHOULDER,ELBOW OR FOREARM PROC,EXC MAJOR JOINT PROC W CC
08	512	SHOULDER,ELBOW OR FOREARM PROC,EXC MAJOR JOINT PROC W/O CC/MCC
08	513	HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W CC/MCC
08	514	HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W/O CC/MCC
08	515	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W MCC
08	516	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC
08	517	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC/MCC
08	533	FRACTURES OF FEMUR W MCC
08	534	FRACTURES OF FEMUR W/O MCC
08	535	FRACTURES OF HIP & PELVIS W MCC
08	536	FRACTURES OF HIP & PELVIS W/O MCC
08	537	SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W CC/MCC

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MDC Code	MS-DRG Code	MS-DRG Description
08	538	SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W/O CC/MCC
08	539	OSTEOMYELITIS W MCC
08	540	OSTEOMYELITIS W CC
08	541	OSTEOMYELITIS W/O CC/MCC
08	542	PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W MCC
08	543	PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W CC
08	544	PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W/O CC/MCC
08	545	CONNECTIVE TISSUE DISORDERS W MCC
08	546	CONNECTIVE TISSUE DISORDERS W CC
08	547	CONNECTIVE TISSUE DISORDERS W/O CC/MCC
08	548	SEPTIC ARTHRITIS W MCC
08	549	SEPTIC ARTHRITIS W CC
08	550	SEPTIC ARTHRITIS W/O CC/MCC
08	551	MEDICAL BACK PROBLEMS W MCC
08	552	MEDICAL BACK PROBLEMS W/O MCC
08	553	BONE DISEASES & ARTHROPATHIES W MCC
08	554	BONE DISEASES & ARTHROPATHIES W/O MCC
08	555	SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W MCC
08	556	SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W/O MCC
08	557	TENDONITIS, MYOSITIS & BURSITIS W MCC
08	558	TENDONITIS, MYOSITIS & BURSITIS W/O MCC
08	559	AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC
08	560	AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC
08	561	AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC
08	562	FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W MCC
08	563	FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W/O MCC
08	564	OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W MCC
08	565	OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W CC
08	566	OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W/O CC/MCC
09	573	SKIN GRAFT &/OR DEBRID FOR SKN ULCER OR CELLULITIS W MCC
09	574	SKIN GRAFT &/OR DEBRID FOR SKN ULCER OR CELLULITIS W CC
09	575	SKIN GRAFT &/OR DEBRID FOR SKN ULCER OR CELLULITIS W/O CC/MCC
09	576	SKIN GRAFT &/OR DEBRID EXC FOR SKIN ULCER OR CELLULITIS W MCC
09	577	SKIN GRAFT &/OR DEBRID EXC FOR SKIN ULCER OR CELLULITIS W CC
09	578	SKIN GRAFT &/OR DEBRID EXC FOR SKIN ULCER OR CELLULITIS W/O CC/MCC
09	579	OTHER SKIN, SUBCUT TISS & BREAST PROC W MCC
09	580	OTHER SKIN, SUBCUT TISS & BREAST PROC W CC

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MDC Code	MS-DRG Code	MS-DRG Description
09	581	OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC/MCC
09	582	MASTECTOMY FOR MALIGNANCY W CC/MCC
09	583	MASTECTOMY FOR MALIGNANCY W/O CC/MCC
09	584	BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W CC/MCC
09	585	BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W/O CC/MCC
09	592	SKIN ULCERS W MCC
09	593	SKIN ULCERS W CC
09	594	SKIN ULCERS W/O CC/MCC
09	595	MAJOR SKIN DISORDERS W MCC
09	596	MAJOR SKIN DISORDERS W/O MCC
09	597	MALIGNANT BREAST DISORDERS W MCC
09	598	MALIGNANT BREAST DISORDERS W CC
09	599	MALIGNANT BREAST DISORDERS W/O CC/MCC
09	600	NON-MALIGNANT BREAST DISORDERS W CC/MCC
09	601	NON-MALIGNANT BREAST DISORDERS W/O CC/MCC
09	602	CELLULITIS W MCC
09	603	CELLULITIS W/O MCC
09	604	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W MCC
09	605	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W/O MCC
09	606	MINOR SKIN DISORDERS W MCC
09	607	MINOR SKIN DISORDERS W/O MCC
10	614	ADRENAL & PITUITARY PROCEDURES W CC/MCC
10	615	ADRENAL & PITUITARY PROCEDURES W/O CC/MCC
10	616	AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT,& METABOL DIS W MCC
10	617	AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT,& METABOL DIS W CC
10	618	AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT,& METABOL DIS W/O CC/MCC
10	619	O.R. PROCEDURES FOR OBESITY W MCC
10	620	O.R. PROCEDURES FOR OBESITY W CC
10	621	O.R. PROCEDURES FOR OBESITY W/O CC/MCC
10	622	SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W MCC
10	623	SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W CC
10	624	SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W/O CC/MCC
10	625	THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W MCC
10	626	THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W CC
10	627	THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W/O CC/MCC
10	628	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W MCC
10	629	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC

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MDC Code	MS-DRG Code	MS-DRG Description
10	630	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC/MCC
10	637	DIABETES W MCC
10	638	DIABETES W CC
10	639	DIABETES W/O CC/MCC
10	640	NUTRITIONAL & MISC METABOLIC DISORDERS W MCC
10	641	NUTRITIONAL & MISC METABOLIC DISORDERS W/O MCC
10	642	INBORN ERRORS OF METABOLISM
10	643	ENDOCRINE DISORDERS W MCC
10	644	ENDOCRINE DISORDERS W CC
10	645	ENDOCRINE DISORDERS W/O CC/MCC
11	652	KIDNEY TRANSPLANT
11	653	MAJOR BLADDER PROCEDURES W MCC
11	654	MAJOR BLADDER PROCEDURES W CC
11	655	MAJOR BLADDER PROCEDURES W/O CC/MCC
11	656	KIDNEY & URETER PROCEDURES FOR NEOPLASM W MCC
11	657	KIDNEY & URETER PROCEDURES FOR NEOPLASM W CC
11	658	KIDNEY & URETER PROCEDURES FOR NEOPLASM W/O CC/MCC
11	659	KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W MCC
11	660	KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W CC
11	661	KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W/O CC/MCC
11	662	MINOR BLADDER PROCEDURES W MCC
11	663	MINOR BLADDER PROCEDURES W CC
11	664	MINOR BLADDER PROCEDURES W/O CC/MCC
11	665	PROSTATECTOMY W MCC
11	666	PROSTATECTOMY W CC
11	667	PROSTATECTOMY W/O CC/MCC
11	668	TRANSURETHRAL PROCEDURES W MCC
11	669	TRANSURETHRAL PROCEDURES W CC
11	670	TRANSURETHRAL PROCEDURES W/O CC/MCC
11	671	URETHRAL PROCEDURES W CC/MCC
11	672	URETHRAL PROCEDURES W/O CC/MCC
11	673	OTHER KIDNEY & URINARY TRACT PROCEDURES W MCC
11	674	OTHER KIDNEY & URINARY TRACT PROCEDURES W CC
11	675	OTHER KIDNEY & URINARY TRACT PROCEDURES W/O CC/MCC
11	682	RENAL FAILURE W MCC
11	683	RENAL FAILURE W CC
11	684	RENAL FAILURE W/O CC/MCC

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MDC Code	MS-DRG Code	MS-DRG Description
11	685	ADMIT FOR RENAL DIALYSIS
11	686	KIDNEY & URINARY TRACT NEOPLASMS W MCC
11	687	KIDNEY & URINARY TRACT NEOPLASMS W CC
11	688	KIDNEY & URINARY TRACT NEOPLASMS W/O CC/MCC
11	689	KIDNEY & URINARY TRACT INFECTIONS W MCC
11	690	KIDNEY & URINARY TRACT INFECTIONS W/O MCC
11	691	URINARY STONES W ESW LITHOTRIPSY W CC/MCC
11	692	URINARY STONES W ESW LITHOTRIPSY W/O CC/MCC
11	693	URINARY STONES W/O ESW LITHOTRIPSY W MCC
11	694	URINARY STONES W/O ESW LITHOTRIPSY W/O MCC
11	695	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W MCC
11	696	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W/O MCC
11	697	URETHRAL STRICTURE
11	698	OTHER KIDNEY & URINARY TRACT DIAGNOSES W MCC
11	699	OTHER KIDNEY & URINARY TRACT DIAGNOSES W CC
11	700	OTHER KIDNEY & URINARY TRACT DIAGNOSES W/O CC/MCC
12	707	MAJOR MALE PELVIC PROCEDURES W CC/MCC
12	708	MAJOR MALE PELVIC PROCEDURES W/O CC/MCC
12	709	PENIS PROCEDURES W CC/MCC
12	710	PENIS PROCEDURES W/O CC/MCC
12	711	TESTES PROCEDURES W CC/MCC
12	712	TESTES PROCEDURES W/O CC/MCC
12	713	TRANSURETHRAL PROSTATECTOMY W CC/MCC
12	714	TRANSURETHRAL PROSTATECTOMY W/O CC/MCC
12	715	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W CC/MCC
12	716	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W/O CC/MCC
12	717	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W CC/MCC
12	718	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W/O CC/MCC
12	722	MALIGNANCY, MALE REPRODUCTIVE SYSTEM W MCC
12	723	MALIGNANCY, MALE REPRODUCTIVE SYSTEM W CC
12	724	MALIGNANCY, MALE REPRODUCTIVE SYSTEM W/O CC/MCC
12	725	BENIGN PROSTATIC HYPERTROPHY W MCC
12	726	BENIGN PROSTATIC HYPERTROPHY W/O MCC
12	727	INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W MCC
12	728	INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W/O MCC
12	729	OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W CC/MCC
12	730	OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W/O CC/MCC

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13	734	PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W CC/MCC
13	735	PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W/O CC/MCC
13	736	UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W MCC
13	737	UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W CC
13	738	UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W/O CC/MCC
13	739	UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W MCC
13	740	UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W CC
13	741	UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/O CC/MCC
13	742	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC/MCC
13	743	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC/MCC
13	744	D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W CC/MCC
13	745	D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W/O CC/MCC
13	746	VAGINA, CERVIX & VULVA PROCEDURES W CC/MCC
13	747	VAGINA, CERVIX & VULVA PROCEDURES W/O CC/MCC
13	748	FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES
13	749	OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W CC/MCC
13	750	OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC
13	754	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W MCC
13	755	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W CC
13	756	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC
13	757	INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W MCC
13	758	INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W CC
13	759	INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC
13	760	MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W CC/MCC
13	761	MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W/O CC/MCC
14	765	CESAREAN SECTION W CC/MCC
14	766	CESAREAN SECTION W/O CC/MCC
14	767	VAGINAL DELIVERY W STERILIZATION &/OR D&C
14	768	VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C
14	769	POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE
14	770	ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY
14	774	VAGINAL DELIVERY W COMPLICATING DIAGNOSES
14	775	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES
14	776	POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE
14	777	ECTOPIC PREGNANCY
14	778	THREATENED ABORTION
14	779	ABORTION W/O D&C

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14	780	FALSE LABOR
14	781	OTHER ANTEPARTUM DIAGNOSES W MEDICAL COMPLICATIONS
14	782	OTHER ANTEPARTUM DIAGNOSES W/O MEDICAL COMPLICATIONS
15	789	NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY
15	790	EXTREME IMMATUREITY OR RESPIRATORY DISTRESS SYNDROME, NEONATE
15	791	PREMATURITY W MAJOR PROBLEMS
15	792	PREMATURITY W/O MAJOR PROBLEMS
15	793	FULL TERM NEONATE W MAJOR PROBLEMS
15	794	NEONATE W OTHER SIGNIFICANT PROBLEMS
15	795	NORMAL NEWBORN
16	799	SPLENECTOMY W MCC
16	800	SPLENECTOMY W CC
16	801	SPLENECTOMY W/O CC/MCC
16	802	OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W MCC
16	803	OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W CC
16	804	OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W/O CC/MCC
16	808	MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W MCC
16	809	MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W CC
16	810	MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W/O CC/MCC
16	811	RED BLOOD CELL DISORDERS W MCC
16	812	RED BLOOD CELL DISORDERS W/O MCC
16	813	COAGULATION DISORDERS
16	814	RETICULOENDOTHELIAL & IMMUNITY DISORDERS W MCC
16	815	RETICULOENDOTHELIAL & IMMUNITY DISORDERS W CC
16	816	RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/O CC/MCC
17	820	LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W MCC
17	821	LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W CC
17	822	LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W/O CC/MCC
17	823	LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W MCC
17	824	LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W CC
17	825	LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W/O CC/MCC
17	826	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W MCC
17	827	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W CC
17	828	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W/O CC/MCC
17	829	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W OTHER O.R. PROC W CC/MCC
17	830	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W OTHER O.R. PROC W/O CC/MCC
17	834	ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W MCC

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MDC Code	MS-DRG Code	MS-DRG Description
17	835	ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W CC
17	836	ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W/O CC/MCC
17	837	CHEMO W ACUTE LEUKEMIA AS SDX OR W HIGH DOSE CHEMO AGENT W MCC
17	838	CHEMO W ACUTE LEUKEMIA AS SDX W CC OR HIGH DOSE CHEMO AGENT
17	839	CHEMO W ACUTE LEUKEMIA AS SDX W/O CC/MCC
17	840	LYMPHOMA & NON-ACUTE LEUKEMIA W MCC
17	841	LYMPHOMA & NON-ACUTE LEUKEMIA W CC
17	842	LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC/MCC
17	843	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W MCC
17	844	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W CC
17	845	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/O CC/MCC
17	846	CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W MCC
17	847	CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W CC
17	848	CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W/O CC/MCC
17	849	RADIOTHERAPY
18	853	INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W MCC
18	854	INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W CC
18	855	INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W/O CC/MCC
18	856	POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W MCC
18	857	POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W CC
18	858	POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W/O CC/MCC
18	862	POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W MCC
18	863	POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W/O MCC
18	864	FEVER
18	865	VIRAL ILLNESS W MCC
18	866	VIRAL ILLNESS W/O MCC
18	867	OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W MCC
18	868	OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W CC
18	869	OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W/O CC/MCC
18	870	SEPTICEMIA OR SEVERE SEPSIS W MV 96+ HOURS
18	871	SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W MCC
18	872	SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W/O MCC
19	876	O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS
19	880	ACUTE ADJUSTMENT REACTION & PSYCHOSOCIAL DYSFUNCTION
19	881	DEPRESSIVE NEUROSES
19	882	NEUROSES EXCEPT DEPRESSIVE
19	883	DISORDERS OF PERSONALITY & IMPULSE CONTROL

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MDC Code	MS-DRG Code	MS-DRG Description
19	884	ORGANIC DISTURBANCES & MENTAL RETARDATION
19	885	PSYCHOSES
19	886	BEHAVIORAL & DEVELOPMENTAL DISORDERS
19	887	OTHER MENTAL DISORDER DIAGNOSES
20	894	ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA
20	895	ALCOHOL/DRUG ABUSE OR DEPENDENCE W REHABILITATION THERAPY
20	896	ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W MCC
20	897	ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W/O MCC
21	901	WOUND DEBRIDEMENTS FOR INJURIES W MCC
21	902	WOUND DEBRIDEMENTS FOR INJURIES W CC
21	903	WOUND DEBRIDEMENTS FOR INJURIES W/O CC/MCC
21	904	SKIN GRAFTS FOR INJURIES W CC/MCC
21	905	SKIN GRAFTS FOR INJURIES W/O CC/MCC
21	906	HAND PROCEDURES FOR INJURIES
21	907	OTHER O.R. PROCEDURES FOR INJURIES W MCC
21	908	OTHER O.R. PROCEDURES FOR INJURIES W CC
21	909	OTHER O.R. PROCEDURES FOR INJURIES W/O CC/MCC
21	913	TRAUMATIC INJURY W MCC
21	914	TRAUMATIC INJURY W/O MCC
21	915	ALLERGIC REACTIONS W MCC
21	916	ALLERGIC REACTIONS W/O MCC
21	917	POISONING & TOXIC EFFECTS OF DRUGS W MCC
21	918	POISONING & TOXIC EFFECTS OF DRUGS W/O MCC
21	919	COMPLICATIONS OF TREATMENT W MCC
21	920	COMPLICATIONS OF TREATMENT W CC
21	921	COMPLICATIONS OF TREATMENT W/O CC/MCC
21	922	OTHER INJURY, POISONING & TOXIC EFFECT DIAG W MCC
21	923	OTHER INJURY, POISONING & TOXIC EFFECT DIAG W/O MCC
22	927	EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV 96+ HRS W SKIN GRAFT
22	928	FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC/MCC
22	929	FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W/O CC/MCC
22	933	EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV 96+ HRS W/O SKIN GRAFT
22	934	FULL THICKNESS BURN W/O SKIN GRFT OR INHAL INJ
22	935	NON-EXTENSIVE BURNS
23	939	O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W MCC
23	940	O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W CC
23	941	O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W/O CC/MCC

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MDC Code	MS-DRG Code	MS-DRG Description
23	945	REHABILITATION W CC/MCC
23	946	REHABILITATION W/O CC/MCC
23	947	SIGNS & SYMPTOMS W MCC
23	948	SIGNS & SYMPTOMS W/O MCC
23	949	AFTERCARE W CC/MCC
23	950	AFTERCARE W/O CC/MCC
23	951	OTHER FACTORS INFLUENCING HEALTH STATUS
24	955	CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA
24	956	LIMB REATTACHMENT, HIP & FEMUR PROC FOR MULTIPLE SIGNIFICANT TRAUMA
24	957	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W MCC
24	958	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W CC
24	959	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC
24	963	OTHER MULTIPLE SIGNIFICANT TRAUMA W MCC
24	964	OTHER MULTIPLE SIGNIFICANT TRAUMA W CC
24	965	OTHER MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC
25	969	HIV W EXTENSIVE O.R. PROCEDURE W MCC
25	970	HIV W EXTENSIVE O.R. PROCEDURE W/O MCC
25	974	HIV W MAJOR RELATED CONDITION W MCC
25	975	HIV W MAJOR RELATED CONDITION W CC
25	976	HIV W MAJOR RELATED CONDITION W/O CC/MCC
25	977	HIV W OR W/O OTHER RELATED CONDITION
97	998	PRINCIPAL DIAGNOSIS INVALID AS DISCHARGE DIAGNOSIS
98	001	HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W MCC
98	002	HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W/O MCC
98	003	ECMO OR TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R.
98	004	TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R.
98	005	LIVER TRANSPLANT W MCC OR INTESTINAL TRANSPLANT
98	006	LIVER TRANSPLANT W/O MCC
98	007	LUNG TRANSPLANT
98	008	SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT
98	010	PANCREAS TRANSPLANT
98	011	TRACHEOSTOMY FOR FACE,MOUTH & NECK DIAGNOSES W MCC
98	012	TRACHEOSTOMY FOR FACE,MOUTH & NECK DIAGNOSES W CC
98	013	TRACHEOSTOMY FOR FACE,MOUTH & NECK DIAGNOSES W/O CC/MCC
98	014	ALLOGENEIC BONE MARROW TRANSPLANT
98	015	AUTOLOGOUS BONE MARROW TRANSPLANT
99	981	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W MCC

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99	982	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W CC
99	983	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC
99	984	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W MCC
99	985	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W CC
99	986	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC
99	987	NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W MCC
99	988	NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W CC
99	989	NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC

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Medicare Severity-Diagnosis Related Groups (MS-DRGs)
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MDC Code	MS-DRG Code	MS-DRG Description
00	999	UNGROUPABLE
01	020	INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W MCC
01	021	INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W CC
01	022	INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W/O CC/MCC
01	023	CRANIO W MAJOR DEV IMPL/ACUTE COMPLEX CNS PDX W MCC OR CHEMO IMPL
01	024	CRANIO W MAJOR DEV IMPL/ACUTE COMPLEX CNS PDX W/O MCC
01	025	CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W MCC
01	026	CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W CC
01	027	CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W/O CC/MCC
01	028	SPINAL PROCEDURES W MCC
01	029	SPINAL PROCEDURES W CC OR SPINAL NEUROSTIMULATORS
01	030	SPINAL PROCEDURES W/O CC/MCC
01	031	VENTRICULAR SHUNT PROCEDURES W MCC
01	032	VENTRICULAR SHUNT PROCEDURES W CC
01	033	VENTRICULAR SHUNT PROCEDURES W/O CC/MCC
01	034	CAROTID ARTERY STENT PROCEDURE W MCC
01	035	CAROTID ARTERY STENT PROCEDURE W CC
01	036	CAROTID ARTERY STENT PROCEDURE W/O CC/MCC
01	037	EXTRACRANIAL PROCEDURES W MCC
01	038	EXTRACRANIAL PROCEDURES W CC
01	039	EXTRACRANIAL PROCEDURES W/O CC/MCC
01	040	PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W MCC
01	041	PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W CC OR PERIPH NEUROS
01	042	PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W/O CC/MCC
01	052	SPINAL DISORDERS & INJURIES W CC/MCC
01	053	SPINAL DISORDERS & INJURIES W/O CC/MCC
01	054	NERVOUS SYSTEM NEOPLASMS W MCC
01	055	NERVOUS SYSTEM NEOPLASMS W/O MCC
01	056	DEGENERATIVE NERVOUS SYSTEM DISORDERS W MCC
01	057	DEGENERATIVE NERVOUS SYSTEM DISORDERS W/O MCC
01	058	MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W MCC
01	059	MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W CC
01	060	MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W/O CC/MCC
01	061	ACUTE ISCHEMIC STROKE W USE OF THROMBOLYTIC AGENT W MCC
01	062	ACUTE ISCHEMIC STROKE W USE OF THROMBOLYTIC AGENT W CC
01	063	ACUTE ISCHEMIC STROKE W USE OF THROMBOLYTIC AGENT W/O CC/MCC
01	064	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W MCC

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MDC Code	MS-DRG Code	MS-DRG Description
01	065	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W CC
01	066	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W/O CC/MCC
01	067	NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W MCC
01	068	NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W/O MCC
01	069	TRANSIENT ISCHEMIA
01	070	NONSPECIFIC CEREBROVASCULAR DISORDERS W MCC
01	071	NONSPECIFIC CEREBROVASCULAR DISORDERS W CC
01	072	NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC/MCC
01	073	CRANIAL & PERIPHERAL NERVE DISORDERS W MCC
01	074	CRANIAL & PERIPHERAL NERVE DISORDERS W/O MCC
01	075	VIRAL MENINGITIS W CC/MCC
01	076	VIRAL MENINGITIS W/O CC/MCC
01	077	HYPERTENSIVE ENCEPHALOPATHY W MCC
01	078	HYPERTENSIVE ENCEPHALOPATHY W CC
01	079	HYPERTENSIVE ENCEPHALOPATHY W/O CC/MCC
01	080	NONTRAUMATIC STUPOR & COMA W MCC
01	081	NONTRAUMATIC STUPOR & COMA W/O MCC
01	082	TRAUMATIC STUPOR & COMA, COMA >1 HR W MCC
01	083	TRAUMATIC STUPOR & COMA, COMA >1 HR W CC
01	084	TRAUMATIC STUPOR & COMA, COMA >1 HR W/O CC/MCC
01	085	TRAUMATIC STUPOR & COMA, COMA <1 HR W MCC
01	086	TRAUMATIC STUPOR & COMA, COMA <1 HR W CC
01	087	TRAUMATIC STUPOR & COMA, COMA <1 HR W/O CC/MCC
01	088	CONCUSSION W MCC
01	089	CONCUSSION W CC
01	090	CONCUSSION W/O CC/MCC
01	091	OTHER DISORDERS OF NERVOUS SYSTEM W MCC
01	092	OTHER DISORDERS OF NERVOUS SYSTEM W CC
01	093	OTHER DISORDERS OF NERVOUS SYSTEM W/O CC/MCC
01	094	BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W MCC
01	095	BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W CC
01	096	BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W/O CC/MCC
01	097	NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W MCC
01	098	NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W CC
01	099	NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W/O CC/M
01	100	SEIZURES W MCC
01	101	SEIZURES W/O MCC

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MDC Code	MS-DRG Code	MS-DRG Description
01	102	HEADACHES W MCC
01	103	HEADACHES W/O MCC
02	113	ORBITAL PROCEDURES W CC/MCC
02	114	ORBITAL PROCEDURES W/O CC/MCC
02	115	EXTRAOCULAR PROCEDURES EXCEPT ORBIT
02	116	INTRAOCULAR PROCEDURES W CC/MCC
02	117	INTRAOCULAR PROCEDURES W/O CC/MCC
02	121	ACUTE MAJOR EYE INFECTIONS W CC/MCC
02	122	ACUTE MAJOR EYE INFECTIONS W/O CC/MCC
02	123	NEUROLOGICAL EYE DISORDERS
02	124	OTHER DISORDERS OF THE EYE W MCC
02	125	OTHER DISORDERS OF THE EYE W/O MCC
03	129	MAJOR HEAD & NECK PROCEDURES W CC/MCC OR MAJOR DEVICE
03	130	MAJOR HEAD & NECK PROCEDURES W/O CC/MCC
03	131	CRANIAL/FACIAL PROCEDURES W CC/MCC
03	132	CRANIAL/FACIAL PROCEDURES W/O CC/MCC
03	133	OTHER EAR, NOSE, MOUTH & THROAT O.R. PROCEDURES W CC/MCC
03	134	OTHER EAR, NOSE, MOUTH & THROAT O.R. PROCEDURES W/O CC/MCC
03	135	SINUS & MASTOID PROCEDURES W CC/MCC
03	136	SINUS & MASTOID PROCEDURES W/O CC/MCC
03	137	MOUTH PROCEDURES W CC/MCC
03	138	MOUTH PROCEDURES W/O CC/MCC
03	139	SALIVARY GLAND PROCEDURES
03	146	EAR, NOSE, MOUTH & THROAT MALIGNANCY W MCC
03	147	EAR, NOSE, MOUTH & THROAT MALIGNANCY W CC
03	148	EAR, NOSE, MOUTH & THROAT MALIGNANCY W/O CC/MCC
03	149	DYSEQUILIBRIUM
03	150	EPISTAXIS W MCC
03	151	EPISTAXIS W/O MCC
03	152	OTITIS MEDIA & URI W MCC
03	153	OTITIS MEDIA & URI W/O MCC
03	154	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W MCC
03	155	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W CC
03	156	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W/O CC/MCC
03	157	DENTAL & ORAL DISEASES W MCC
03	158	DENTAL & ORAL DISEASES W CC
03	159	DENTAL & ORAL DISEASES W/O CC/MCC

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MDC Code	MS-DRG Code	MS-DRG Description
04	163	MAJOR CHEST PROCEDURES W MCC
04	164	MAJOR CHEST PROCEDURES W CC
04	165	MAJOR CHEST PROCEDURES W/O CC/MCC
04	166	OTHER RESP SYSTEM O.R. PROCEDURES W MCC
04	167	OTHER RESP SYSTEM O.R. PROCEDURES W CC
04	168	OTHER RESP SYSTEM O.R. PROCEDURES W/O CC/MCC
04	175	PULMONARY EMBOLISM W MCC
04	176	PULMONARY EMBOLISM W/O MCC
04	177	RESPIRATORY INFECTIONS & INFLAMMATIONS W MCC
04	178	RESPIRATORY INFECTIONS & INFLAMMATIONS W CC
04	179	RESPIRATORY INFECTIONS & INFLAMMATIONS W/O CC/MCC
04	180	RESPIRATORY NEOPLASMS W MCC
04	181	RESPIRATORY NEOPLASMS W CC
04	182	RESPIRATORY NEOPLASMS W/O CC/MCC
04	183	MAJOR CHEST TRAUMA W MCC
04	184	MAJOR CHEST TRAUMA W CC
04	185	MAJOR CHEST TRAUMA W/O CC/MCC
04	186	PLEURAL EFFUSION W MCC
04	187	PLEURAL EFFUSION W CC
04	188	PLEURAL EFFUSION W/O CC/MCC
04	189	PULMONARY EDEMA & RESPIRATORY FAILURE
04	190	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC
04	191	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W CC
04	192	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W/O CC/MCC
04	193	SIMPLE PNEUMONIA & PLEURISY W MCC
04	194	SIMPLE PNEUMONIA & PLEURISY W CC
04	195	SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC
04	196	INTERSTITIAL LUNG DISEASE W MCC
04	197	INTERSTITIAL LUNG DISEASE W CC
04	198	INTERSTITIAL LUNG DISEASE W/O CC/MCC
04	199	PNEUMOTHORAX W MCC
04	200	PNEUMOTHORAX W CC
04	201	PNEUMOTHORAX W/O CC/MCC
04	202	BRONCHITIS & ASTHMA W CC/MCC
04	203	BRONCHITIS & ASTHMA W/O CC/MCC
04	204	RESPIRATORY SIGNS & SYMPTOMS
04	205	OTHER RESPIRATORY SYSTEM DIAGNOSES W MCC

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MDC Code	MS-DRG Code	MS-DRG Description
04	206	OTHER RESPIRATORY SYSTEM DIAGNOSES W/O MCC
04	207	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS
04	208	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT <96 HOURS
05	215	OTHER HEART ASSIST SYSTEM IMPLANT
05	216	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W MCC
05	217	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W CC
05	218	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W/O CC/MC
05	219	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W MCC
05	220	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W CC
05	221	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W/O CC/
05	222	CARDIAC DEFIB IMPLANT W CARDIAC CATH W AMI/HF/SHOCK W MCC
05	223	CARDIAC DEFIB IMPLANT W CARDIAC CATH W AMI/HF/SHOCK W/O MCC
05	224	CARDIAC DEFIB IMPLANT W CARDIAC CATH W/O AMI/HF/SHOCK W MCC
05	225	CARDIAC DEFIB IMPLANT W CARDIAC CATH W/O AMI/HF/SHOCK W/O MCC
05	226	CARDIAC DEFIBRILLATOR IMPLANT W/O CARDIAC CATH W MCC
05	227	CARDIAC DEFIBRILLATOR IMPLANT W/O CARDIAC CATH W/O MCC
05	228	OTHER CARDIOTHORACIC PROCEDURES W MCC
05	229	OTHER CARDIOTHORACIC PROCEDURES W CC
05	230	OTHER CARDIOTHORACIC PROCEDURES W/O CC/MCC
05	231	CORONARY BYPASS W PTCA W MCC
05	232	CORONARY BYPASS W PTCA W/O MCC
05	233	CORONARY BYPASS W CARDIAC CATH W MCC
05	234	CORONARY BYPASS W CARDIAC CATH W/O MCC
05	235	CORONARY BYPASS W/O CARDIAC CATH W MCC
05	236	CORONARY BYPASS W/O CARDIAC CATH W/O MCC
05	237	MAJOR CARDIOVASC PROCEDURES W MCC
05	238	MAJOR CARDIOVASC PROCEDURES W/O MCC
05	239	AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W MCC
05	240	AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W CC
05	241	AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W/O CC/MCC
05	242	PERMANENT CARDIAC PACEMAKER IMPLANT W MCC
05	243	PERMANENT CARDIAC PACEMAKER IMPLANT W CC
05	244	PERMANENT CARDIAC PACEMAKER IMPLANT W/O CC/MCC
05	245	AICD GENERATOR PROCEDURES
05	246	PERC CARDIOVASC PROC W DRUG-ELUTING STENT W MCC OR 4+ VESSELS/STE
05	247	PERC CARDIOVASC PROC W DRUG-ELUTING STENT W/O MCC
05	248	PERC CARDIOVASC PROC W NON-DRUG-ELUTING STENT W MCC OR 4+ VES/STE

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MDC Code	MS-DRG Code	MS-DRG Description
05	249	PERC CARDIOVASC PROC W NON-DRUG-ELUTING STENT W/O MCC
05	250	PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W MCC
05	251	PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W/O MCC
05	252	OTHER VASCULAR PROCEDURES W MCC
05	253	OTHER VASCULAR PROCEDURES W CC
05	254	OTHER VASCULAR PROCEDURES W/O CC/MCC
05	255	UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W MCC
05	256	UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W CC
05	257	UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W/O CC/MCC
05	258	CARDIAC PACEMAKER DEVICE REPLACEMENT W MCC
05	259	CARDIAC PACEMAKER DEVICE REPLACEMENT W/O MCC
05	260	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W MCC
05	261	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W CC
05	262	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W/O CC/MCC
05	263	VEIN LIGATION & STRIPPING
05	264	OTHER CIRCULATORY SYSTEM O.R. PROCEDURES
05	265	AICD LEAD PROCEDURES
05	280	ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W MCC
05	281	ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W CC
05	282	ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W/O CC/MCC
05	283	ACUTE MYOCARDIAL INFARCTION, EXPIRED W MCC
05	284	ACUTE MYOCARDIAL INFARCTION, EXPIRED W CC
05	285	ACUTE MYOCARDIAL INFARCTION, EXPIRED W/O CC/MCC
05	286	CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W MCC
05	287	CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O MCC
05	288	ACUTE & SUBACUTE ENDOCARDITIS W MCC
05	289	ACUTE & SUBACUTE ENDOCARDITIS W CC
05	290	ACUTE & SUBACUTE ENDOCARDITIS W/O CC/MCC
05	291	HEART FAILURE & SHOCK W MCC
05	292	HEART FAILURE & SHOCK W CC
05	293	HEART FAILURE & SHOCK W/O CC/MCC
05	294	DEEP VEIN THROMBOPHLEBITIS W CC/MCC
05	295	DEEP VEIN THROMBOPHLEBITIS W/O CC/MCC
05	296	CARDIAC ARREST, UNEXPLAINED W MCC
05	297	CARDIAC ARREST, UNEXPLAINED W CC
05	298	CARDIAC ARREST, UNEXPLAINED W/O CC/MCC
05	299	PERIPHERAL VASCULAR DISORDERS W MCC

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MDC Code	MS-DRG Code	MS-DRG Description
05	300	PERIPHERAL VASCULAR DISORDERS W CC
05	301	PERIPHERAL VASCULAR DISORDERS W/O CC/MCC
05	302	ATHEROSCLEROSIS W MCC
05	303	ATHEROSCLEROSIS W/O MCC
05	304	HYPERTENSION W MCC
05	305	HYPERTENSION W/O MCC
05	306	CARDIAC CONGENITAL & VALVULAR DISORDERS W MCC
05	307	CARDIAC CONGENITAL & VALVULAR DISORDERS W/O MCC
05	308	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W MCC
05	309	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC
05	310	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC/MCC
05	311	ANGINA PECTORIS
05	312	SYNCOPE & COLLAPSE
05	313	CHEST PAIN
05	314	OTHER CIRCULATORY SYSTEM DIAGNOSES W MCC
05	315	OTHER CIRCULATORY SYSTEM DIAGNOSES W CC
05	316	OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC/MCC
06	326	STOMACH, ESOPHAGEAL & DUODENAL PROC W MCC
06	327	STOMACH, ESOPHAGEAL & DUODENAL PROC W CC
06	328	STOMACH, ESOPHAGEAL & DUODENAL PROC W/O CC/MCC
06	329	MAJOR SMALL & LARGE BOWEL PROCEDURES W MCC
06	330	MAJOR SMALL & LARGE BOWEL PROCEDURES W CC
06	331	MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC
06	332	RECTAL RESECTION W MCC
06	333	RECTAL RESECTION W CC
06	334	RECTAL RESECTION W/O CC/MCC
06	335	PERITONEAL ADHESIOLYSIS W MCC
06	336	PERITONEAL ADHESIOLYSIS W CC
06	337	PERITONEAL ADHESIOLYSIS W/O CC/MCC
06	338	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W MCC
06	339	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W CC
06	340	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W/O CC/MCC
06	341	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W MCC
06	342	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W CC
06	343	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W/O CC/MCC
06	344	MINOR SMALL & LARGE BOWEL PROCEDURES W MCC
06	345	MINOR SMALL & LARGE BOWEL PROCEDURES W CC

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MDC Code	MS-DRG Code	MS-DRG Description
06	346	MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC
06	347	ANAL & STOMAL PROCEDURES W MCC
06	348	ANAL & STOMAL PROCEDURES W CC
06	349	ANAL & STOMAL PROCEDURES W/O CC/MCC
06	350	INGUINAL & FEMORAL HERNIA PROCEDURES W MCC
06	351	INGUINAL & FEMORAL HERNIA PROCEDURES W CC
06	352	INGUINAL & FEMORAL HERNIA PROCEDURES W/O CC/MCC
06	353	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W MCC
06	354	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W CC
06	355	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W/O CC/MCC
06	356	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W MCC
06	357	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC
06	358	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC
06	368	MAJOR ESOPHAGEAL DISORDERS W MCC
06	369	MAJOR ESOPHAGEAL DISORDERS W CC
06	370	MAJOR ESOPHAGEAL DISORDERS W/O CC/MCC
06	371	MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W MCC
06	372	MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W CC
06	373	MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W/O CC/M
06	374	DIGESTIVE MALIGNANCY W MCC
06	375	DIGESTIVE MALIGNANCY W CC
06	376	DIGESTIVE MALIGNANCY W/O CC/MCC
06	377	G.I. HEMORRHAGE W MCC
06	378	G.I. HEMORRHAGE W CC
06	379	G.I. HEMORRHAGE W/O CC/MCC
06	380	COMPLICATED PEPTIC ULCER W MCC
06	381	COMPLICATED PEPTIC ULCER W CC
06	382	COMPLICATED PEPTIC ULCER W/O CC/MCC
06	383	UNCOMPLICATED PEPTIC ULCER W MCC
06	384	UNCOMPLICATED PEPTIC ULCER W/O MCC
06	385	INFLAMMATORY BOWEL DISEASE W MCC
06	386	INFLAMMATORY BOWEL DISEASE W CC
06	387	INFLAMMATORY BOWEL DISEASE W/O CC/MCC
06	388	G.I. OBSTRUCTION W MCC
06	389	G.I. OBSTRUCTION W CC
06	390	G.I. OBSTRUCTION W/O CC/MCC
06	391	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W MCC

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MDC Code	MS-DRG Code	MS-DRG Description
06	392	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC
06	393	OTHER DIGESTIVE SYSTEM DIAGNOSES W MCC
06	394	OTHER DIGESTIVE SYSTEM DIAGNOSES W CC
06	395	OTHER DIGESTIVE SYSTEM DIAGNOSES W/O CC/MCC
07	405	PANCREAS, LIVER & SHUNT PROCEDURES W MCC
07	406	PANCREAS, LIVER & SHUNT PROCEDURES W CC
07	407	PANCREAS, LIVER & SHUNT PROCEDURES W/O CC/MCC
07	408	BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W MCC
07	409	BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W CC
07	410	BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W/O CC/M
07	411	CHOLECYSTECTOMY W C.D.E. W MCC
07	412	CHOLECYSTECTOMY W C.D.E. W CC
07	413	CHOLECYSTECTOMY W C.D.E. W/O CC/MCC
07	414	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W MCC
07	415	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W CC
07	416	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W/O CC/MCC
07	417	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W MCC
07	418	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC
07	419	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC/MCC
07	420	HEPATOBIILIARY DIAGNOSTIC PROCEDURES W MCC
07	421	HEPATOBIILIARY DIAGNOSTIC PROCEDURES W CC
07	422	HEPATOBIILIARY DIAGNOSTIC PROCEDURES W/O CC/MCC
07	423	OTHER HEPATOBIILIARY OR PANCREAS O.R. PROCEDURES W MCC
07	424	OTHER HEPATOBIILIARY OR PANCREAS O.R. PROCEDURES W CC
07	425	OTHER HEPATOBIILIARY OR PANCREAS O.R. PROCEDURES W/O CC/MCC
07	432	CIRRHOSIS & ALCOHOLIC HEPATITIS W MCC
07	433	CIRRHOSIS & ALCOHOLIC HEPATITIS W CC
07	434	CIRRHOSIS & ALCOHOLIC HEPATITIS W/O CC/MCC
07	435	MALIGNANCY OF HEPATOBIILIARY SYSTEM OR PANCREAS W MCC
07	436	MALIGNANCY OF HEPATOBIILIARY SYSTEM OR PANCREAS W CC
07	437	MALIGNANCY OF HEPATOBIILIARY SYSTEM OR PANCREAS W/O CC/MCC
07	438	DISORDERS OF PANCREAS EXCEPT MALIGNANCY W MCC
07	439	DISORDERS OF PANCREAS EXCEPT MALIGNANCY W CC
07	440	DISORDERS OF PANCREAS EXCEPT MALIGNANCY W/O CC/MCC
07	441	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W MCC
07	442	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W CC
07	443	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W/O CC/MCC

Appendix H
Medicare Severity-Diagnosis Related Groups (MS-DRGs)
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MDC Code	MS-DRG Code	MS-DRG Description
07	444	DISORDERS OF THE BILIARY TRACT W MCC
07	445	DISORDERS OF THE BILIARY TRACT W CC
07	446	DISORDERS OF THE BILIARY TRACT W/O CC/MCC
08	453	COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W MCC
08	454	COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W CC
08	455	COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W/O CC/MCC
08	456	SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR 9+ FUS W MCC
08	457	SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR 9+ FUS W CC
08	458	SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR 9+ FUS W/O CC/MC
08	459	SPINAL FUSION EXCEPT CERVICAL W MCC
08	460	SPINAL FUSION EXCEPT CERVICAL W/O MCC
08	461	BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W MCC
08	462	BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W/O MC
08	463	WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W MCC
08	464	WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W CC
08	465	WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W/O CC/
08	466	REVISION OF HIP OR KNEE REPLACEMENT W MCC
08	467	REVISION OF HIP OR KNEE REPLACEMENT W CC
08	468	REVISION OF HIP OR KNEE REPLACEMENT W/O CC/MCC
08	469	MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W MCC
08	470	MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MC
08	471	CERVICAL SPINAL FUSION W MCC
08	472	CERVICAL SPINAL FUSION W CC
08	473	CERVICAL SPINAL FUSION W/O CC/MCC
08	474	AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W MCC
08	475	AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W CC
08	476	AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W/O CC/MCC
08	477	BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC
08	478	BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC
08	479	BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC
08	480	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W MCC
08	481	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W CC
08	482	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W/O CC/MCC
08	483	MAJOR JOINT & LIMB REATTACHMENT PROC OF UPPER EXTREMITY W CC/MCC
08	484	MAJOR JOINT & LIMB REATTACHMENT PROC OF UPPER EXTREMITY W/O CC/MC
08	485	KNEE PROCEDURES W PDX OF INFECTION W MCC
08	486	KNEE PROCEDURES W PDX OF INFECTION W CC

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MDC Code	MS-DRG Code	MS-DRG Description
08	487	KNEE PROCEDURES W PDX OF INFECTION W/O CC/MCC
08	488	KNEE PROCEDURES W/O PDX OF INFECTION W CC/MCC
08	489	KNEE PROCEDURES W/O PDX OF INFECTION W/O CC/MCC
08	490	BACK & NECK PROC EXC SPINAL FUSION W CC/MCC OR DISC DEVICE/NEUROS
08	491	BACK & NECK PROC EXC SPINAL FUSION W/O CC/MCC
08	492	LOWER EXTREM & HUMER PROC EXCEPT HIP,FOOT,FEMUR W MCC
08	493	LOWER EXTREM & HUMER PROC EXCEPT HIP,FOOT,FEMUR W CC
08	494	LOWER EXTREM & HUMER PROC EXCEPT HIP,FOOT,FEMUR W/O CC/MCC
08	495	LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W MCC
08	496	LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W CC
08	497	LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W/O CC/M
08	498	LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W CC/MCC
08	499	LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W/O CC/MC
08	500	SOFT TISSUE PROCEDURES W MCC
08	501	SOFT TISSUE PROCEDURES W CC
08	502	SOFT TISSUE PROCEDURES W/O CC/MCC
08	503	FOOT PROCEDURES W MCC
08	504	FOOT PROCEDURES W CC
08	505	FOOT PROCEDURES W/O CC/MCC
08	506	MAJOR THUMB OR JOINT PROCEDURES
08	507	MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W CC/MCC
08	508	MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W/O CC/MCC
08	509	ARTHROSCOPY
08	510	SHOULDER,ELBOW OR FOREARM PROC,EXC MAJOR JOINT PROC W MCC
08	511	SHOULDER,ELBOW OR FOREARM PROC,EXC MAJOR JOINT PROC W CC
08	512	SHOULDER,ELBOW OR FOREARM PROC,EXC MAJOR JOINT PROC W/O CC/MCC
08	513	HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W CC/MCC
08	514	HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W/O CC/MCC
08	515	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W MCC
08	516	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC
08	517	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC/MCC
08	533	FRACTURES OF FEMUR W MCC
08	534	FRACTURES OF FEMUR W/O MCC
08	535	FRACTURES OF HIP & PELVIS W MCC
08	536	FRACTURES OF HIP & PELVIS W/O MCC
08	537	SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W CC/MCC
08	538	SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W/O CC/MC

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MDC Code	MS-DRG Code	MS-DRG Description
08	539	OSTEOMYELITIS W MCC
08	540	OSTEOMYELITIS W CC
08	541	OSTEOMYELITIS W/O CC/MCC
08	542	PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W MCC
08	543	PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W CC
08	544	PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W/O CC/M
08	545	CONNECTIVE TISSUE DISORDERS W MCC
08	546	CONNECTIVE TISSUE DISORDERS W CC
08	547	CONNECTIVE TISSUE DISORDERS W/O CC/MCC
08	548	SEPTIC ARTHRITIS W MCC
08	549	SEPTIC ARTHRITIS W CC
08	550	SEPTIC ARTHRITIS W/O CC/MCC
08	551	MEDICAL BACK PROBLEMS W MCC
08	552	MEDICAL BACK PROBLEMS W/O MCC
08	553	BONE DISEASES & ARTHROPATHIES W MCC
08	554	BONE DISEASES & ARTHROPATHIES W/O MCC
08	555	SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W MCC
08	556	SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W/O MCC
08	557	TENDONITIS, MYOSITIS & BURSITIS W MCC
08	558	TENDONITIS, MYOSITIS & BURSITIS W/O MCC
08	559	AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC
08	560	AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC
08	561	AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC
08	562	FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W MCC
08	563	FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W/O MCC
08	564	OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W MCC
08	565	OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W CC
08	566	OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W/O CC/MC
09	570	SKIN DEBRIDEMENT W MCC
09	571	SKIN DEBRIDEMENT W CC
09	572	SKIN DEBRIDEMENT W/O CC/MCC
09	573	SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W MCC
09	574	SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W CC
09	575	SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W/O CC/MCC
09	576	SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W MCC
09	577	SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W CC
09	578	SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W/O CC/MCC

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MDC Code	MS-DRG Code	MS-DRG Description
09	579	OTHER SKIN, SUBCUT TISS & BREAST PROC W MCC
09	580	OTHER SKIN, SUBCUT TISS & BREAST PROC W CC
09	581	OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC/MCC
09	582	MASTECTOMY FOR MALIGNANCY W CC/MCC
09	583	MASTECTOMY FOR MALIGNANCY W/O CC/MCC
09	584	BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W CC/MCC
09	585	BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W/O CC/MC
09	592	SKIN ULCERS W MCC
09	593	SKIN ULCERS W CC
09	594	SKIN ULCERS W/O CC/MCC
09	595	MAJOR SKIN DISORDERS W MCC
09	596	MAJOR SKIN DISORDERS W/O MCC
09	597	MALIGNANT BREAST DISORDERS W MCC
09	598	MALIGNANT BREAST DISORDERS W CC
09	599	MALIGNANT BREAST DISORDERS W/O CC/MCC
09	600	NON-MALIGNANT BREAST DISORDERS W CC/MCC
09	601	NON-MALIGNANT BREAST DISORDERS W/O CC/MCC
09	602	CELLULITIS W MCC
09	603	CELLULITIS W/O MCC
09	604	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W MCC
09	605	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W/O MCC
09	606	MINOR SKIN DISORDERS W MCC
09	607	MINOR SKIN DISORDERS W/O MCC
10	614	ADRENAL & PITUITARY PROCEDURES W CC/MCC
10	615	ADRENAL & PITUITARY PROCEDURES W/O CC/MCC
10	616	AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT,& METABOL DIS W MCC
10	617	AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT,& METABOL DIS W CC
10	618	AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT,& METABOL DIS W/O CC/M
10	619	O.R. PROCEDURES FOR OBESITY W MCC
10	620	O.R. PROCEDURES FOR OBESITY W CC
10	621	O.R. PROCEDURES FOR OBESITY W/O CC/MCC
10	622	SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W MCC
10	623	SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W CC
10	624	SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W/O CC/M
10	625	THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W MCC
10	626	THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W CC
10	627	THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W/O CC/MCC

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MDC Code	MS-DRG Code	MS-DRG Description
10	628	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W MCC
10	629	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC
10	630	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC/MCC
10	637	DIABETES W MCC
10	638	DIABETES W CC
10	639	DIABETES W/O CC/MCC
10	640	MISC DISORDERS OF NUTRITION,METABOLISM,FLUIDS/ELECTROLYTES W MCC
10	641	MISC DISORDERS OF NUTRITION,METABOLISM,FLUIDS/ELECTROLYTES W/O MC
10	642	INBORN AND OTHER DISORDERS OF METABOLISM
10	643	ENDOCRINE DISORDERS W MCC
10	644	ENDOCRINE DISORDERS W CC
10	645	ENDOCRINE DISORDERS W/O CC/MCC
11	652	KIDNEY TRANSPLANT
11	653	MAJOR BLADDER PROCEDURES W MCC
11	654	MAJOR BLADDER PROCEDURES W CC
11	655	MAJOR BLADDER PROCEDURES W/O CC/MCC
11	656	KIDNEY & URETER PROCEDURES FOR NEOPLASM W MCC
11	657	KIDNEY & URETER PROCEDURES FOR NEOPLASM W CC
11	658	KIDNEY & URETER PROCEDURES FOR NEOPLASM W/O CC/MCC
11	659	KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W MCC
11	660	KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W CC
11	661	KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W/O CC/MCC
11	662	MINOR BLADDER PROCEDURES W MCC
11	663	MINOR BLADDER PROCEDURES W CC
11	664	MINOR BLADDER PROCEDURES W/O CC/MCC
11	665	PROSTATECTOMY W MCC
11	666	PROSTATECTOMY W CC
11	667	PROSTATECTOMY W/O CC/MCC
11	668	TRANSURETHRAL PROCEDURES W MCC
11	669	TRANSURETHRAL PROCEDURES W CC
11	670	TRANSURETHRAL PROCEDURES W/O CC/MCC
11	671	URETHRAL PROCEDURES W CC/MCC
11	672	URETHRAL PROCEDURES W/O CC/MCC
11	673	OTHER KIDNEY & URINARY TRACT PROCEDURES W MCC
11	674	OTHER KIDNEY & URINARY TRACT PROCEDURES W CC
11	675	OTHER KIDNEY & URINARY TRACT PROCEDURES W/O CC/MCC
11	682	RENAL FAILURE W MCC

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MDC Code	MS-DRG Code	MS-DRG Description
11	683	RENAL FAILURE W CC
11	684	RENAL FAILURE W/O CC/MCC
11	685	ADMIT FOR RENAL DIALYSIS
11	686	KIDNEY & URINARY TRACT NEOPLASMS W MCC
11	687	KIDNEY & URINARY TRACT NEOPLASMS W CC
11	688	KIDNEY & URINARY TRACT NEOPLASMS W/O CC/MCC
11	689	KIDNEY & URINARY TRACT INFECTIONS W MCC
11	690	KIDNEY & URINARY TRACT INFECTIONS W/O MCC
11	691	URINARY STONES W ESW LITHOTRIPSY W CC/MCC
11	692	URINARY STONES W ESW LITHOTRIPSY W/O CC/MCC
11	693	URINARY STONES W/O ESW LITHOTRIPSY W MCC
11	694	URINARY STONES W/O ESW LITHOTRIPSY W/O MCC
11	695	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W MCC
11	696	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W/O MCC
11	697	URETHRAL STRICTURE
11	698	OTHER KIDNEY & URINARY TRACT DIAGNOSES W MCC
11	699	OTHER KIDNEY & URINARY TRACT DIAGNOSES W CC
11	700	OTHER KIDNEY & URINARY TRACT DIAGNOSES W/O CC/MCC
12	707	MAJOR MALE PELVIC PROCEDURES W CC/MCC
12	708	MAJOR MALE PELVIC PROCEDURES W/O CC/MCC
12	709	PENIS PROCEDURES W CC/MCC
12	710	PENIS PROCEDURES W/O CC/MCC
12	711	TESTES PROCEDURES W CC/MCC
12	712	TESTES PROCEDURES W/O CC/MCC
12	713	TRANSURETHRAL PROSTATECTOMY W CC/MCC
12	714	TRANSURETHRAL PROSTATECTOMY W/O CC/MCC
12	715	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W CC/MCC
12	716	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W/O CC/MC
12	717	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W CC/MCC
12	718	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W/O CC/MC
12	722	MALIGNANCY, MALE REPRODUCTIVE SYSTEM W MCC
12	723	MALIGNANCY, MALE REPRODUCTIVE SYSTEM W CC
12	724	MALIGNANCY, MALE REPRODUCTIVE SYSTEM W/O CC/MCC
12	725	BENIGN PROSTATIC HYPERTROPHY W MCC
12	726	BENIGN PROSTATIC HYPERTROPHY W/O MCC
12	727	INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W MCC
12	728	INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W/O MCC

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MDC Code	MS-DRG Code	MS-DRG Description
12	729	OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W CC/MCC
12	730	OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W/O CC/MCC
13	734	PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W CC/MCC
13	735	PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W/O CC/MCC
13	736	UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W MCC
13	737	UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W CC
13	738	UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W/O CC/MC
13	739	UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W MCC
13	740	UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W CC
13	741	UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/O CC/MCC
13	742	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC/MCC
13	743	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC/MCC
13	744	D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W CC/MCC
13	745	D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W/O CC/MCC
13	746	VAGINA, CERVIX & VULVA PROCEDURES W CC/MCC
13	747	VAGINA, CERVIX & VULVA PROCEDURES W/O CC/MCC
13	748	FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES
13	749	OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W CC/MCC
13	750	OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC
13	754	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W MCC
13	755	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W CC
13	756	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC
13	757	INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W MCC
13	758	INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W CC
13	759	INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC
13	760	MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W CC/MCC
13	761	MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W/O CC/MCC
14	765	CESAREAN SECTION W CC/MCC
14	766	CESAREAN SECTION W/O CC/MCC
14	767	VAGINAL DELIVERY W STERILIZATION &/OR D&C
14	768	VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C
14	769	POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE
14	770	ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY
14	774	VAGINAL DELIVERY W COMPLICATING DIAGNOSES
14	775	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES
14	776	POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE
14	777	ECTOPIC PREGNANCY

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MDC Code	MS-DRG Code	MS-DRG Description
14	778	THREATENED ABORTION
14	779	ABORTION W/O D&C
14	780	FALSE LABOR
14	781	OTHER ANTEPARTUM DIAGNOSES W MEDICAL COMPLICATIONS
14	782	OTHER ANTEPARTUM DIAGNOSES W/O MEDICAL COMPLICATIONS
15	789	NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY
15	790	EXTREME IMMATURITY OR RESPIRATORY DISTRESS SYNDROME, NEONATE
15	791	PREMATURITY W MAJOR PROBLEMS
15	792	PREMATURITY W/O MAJOR PROBLEMS
15	793	FULL TERM NEONATE W MAJOR PROBLEMS
15	794	NEONATE W OTHER SIGNIFICANT PROBLEMS
15	795	NORMAL NEWBORN
16	799	SPLENECTOMY W MCC
16	800	SPLENECTOMY W CC
16	801	SPLENECTOMY W/O CC/MCC
16	802	OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W MCC
16	803	OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W CC
16	804	OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W/O CC/MCC
16	808	MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W MCC
16	809	MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W CC
16	810	MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W/O CC/M
16	811	RED BLOOD CELL DISORDERS W MCC
16	812	RED BLOOD CELL DISORDERS W/O MCC
16	813	COAGULATION DISORDERS
16	814	RETICULOENDOTHELIAL & IMMUNITY DISORDERS W MCC
16	815	RETICULOENDOTHELIAL & IMMUNITY DISORDERS W CC
16	816	RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/O CC/MCC
17	820	LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W MCC
17	821	LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W CC
17	822	LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W/O CC/MCC
17	823	LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W MCC
17	824	LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W CC
17	825	LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W/O CC/MCC
17	826	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W MCC
17	827	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W CC
17	828	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W/O CC/MC
17	829	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W OTHER O.R. PROC W CC/MC

Appendix H
Medicare Severity-Diagnosis Related Groups (MS-DRGs)
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MDC Code	MS-DRG Code	MS-DRG Description
17	830	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W OTHER O.R. PROC W/O CC/
17	834	ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W MCC
17	835	ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W CC
17	836	ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W/O CC/MCC
17	837	CHEMO W ACUTE LEUKEMIA AS SDX OR W HIGH DOSE CHEMO AGENT W MCC
17	838	CHEMO W ACUTE LEUKEMIA AS SDX W CC OR HIGH DOSE CHEMO AGENT
17	839	CHEMO W ACUTE LEUKEMIA AS SDX W/O CC/MCC
17	840	LYMPHOMA & NON-ACUTE LEUKEMIA W MCC
17	841	LYMPHOMA & NON-ACUTE LEUKEMIA W CC
17	842	LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC/MCC
17	843	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W MCC
17	844	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W CC
17	845	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/O CC/MCC
17	846	CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W MCC
17	847	CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W CC
17	848	CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W/O CC/MCC
17	849	RADIOTHERAPY
18	853	INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W MCC
18	854	INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W CC
18	855	INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W/O CC/MCC
18	856	POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W MCC
18	857	POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W CC
18	858	POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W/O CC/MCC
18	862	POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W MCC
18	863	POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W/O MCC
18	864	FEVER
18	865	VIRAL ILLNESS W MCC
18	866	VIRAL ILLNESS W/O MCC
18	867	OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W MCC
18	868	OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W CC
18	869	OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W/O CC/MCC
18	870	SEPTICEMIA OR SEVERE SEPSIS W MV 96+ HOURS
18	871	SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W MCC
18	872	SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W/O MCC
19	876	O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS
19	880	ACUTE ADJUSTMENT REACTION & PSYCHOSOCIAL DYSFUNCTION
19	881	DEPRESSIVE NEUROSES

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MDC Code	MS-DRG Code	MS-DRG Description
19	882	NEUROSES EXCEPT DEPRESSIVE
19	883	DISORDERS OF PERSONALITY & IMPULSE CONTROL
19	884	ORGANIC DISTURBANCES & MENTAL RETARDATION
19	885	PSYCHOSES
19	886	BEHAVIORAL & DEVELOPMENTAL DISORDERS
19	887	OTHER MENTAL DISORDER DIAGNOSES
20	894	ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA
20	895	ALCOHOL/DRUG ABUSE OR DEPENDENCE W REHABILITATION THERAPY
20	896	ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W MCC
20	897	ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W/O M
21	901	WOUND DEBRIDEMENTS FOR INJURIES W MCC
21	902	WOUND DEBRIDEMENTS FOR INJURIES W CC
21	903	WOUND DEBRIDEMENTS FOR INJURIES W/O CC/MCC
21	904	SKIN GRAFTS FOR INJURIES W CC/MCC
21	905	SKIN GRAFTS FOR INJURIES W/O CC/MCC
21	906	HAND PROCEDURES FOR INJURIES
21	907	OTHER O.R. PROCEDURES FOR INJURIES W MCC
21	908	OTHER O.R. PROCEDURES FOR INJURIES W CC
21	909	OTHER O.R. PROCEDURES FOR INJURIES W/O CC/MCC
21	913	TRAUMATIC INJURY W MCC
21	914	TRAUMATIC INJURY W/O MCC
21	915	ALLERGIC REACTIONS W MCC
21	916	ALLERGIC REACTIONS W/O MCC
21	917	POISONING & TOXIC EFFECTS OF DRUGS W MCC
21	918	POISONING & TOXIC EFFECTS OF DRUGS W/O MCC
21	919	COMPLICATIONS OF TREATMENT W MCC
21	920	COMPLICATIONS OF TREATMENT W CC
21	921	COMPLICATIONS OF TREATMENT W/O CC/MCC
21	922	OTHER INJURY, POISONING & TOXIC EFFECT DIAG W MCC
21	923	OTHER INJURY, POISONING & TOXIC EFFECT DIAG W/O MCC
22	927	EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV 96+ HRS W SKIN GRAFT
22	928	FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC/MCC
22	929	FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W/O CC/MCC
22	933	EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV 96+ HRS W/O SKIN GRA
22	934	FULL THICKNESS BURN W/O SKIN GRFT OR INHAL INJ
22	935	NON-EXTENSIVE BURNS
23	939	O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W MCC

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MDC Code	MS-DRG Code	MS-DRG Description
23	940	O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W CC
23	941	O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W/O CC/M
23	945	REHABILITATION W CC/MCC
23	946	REHABILITATION W/O CC/MCC
23	947	SIGNS & SYMPTOMS W MCC
23	948	SIGNS & SYMPTOMS W/O MCC
23	949	AFTERCARE W CC/MCC
23	950	AFTERCARE W/O CC/MCC
23	951	OTHER FACTORS INFLUENCING HEALTH STATUS
24	955	CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA
24	956	LIMB REATTACHMENT, HIP & FEMUR PROC FOR MULTIPLE SIGNIFICANT TRAU
24	957	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W MCC
24	958	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W CC
24	959	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC
24	963	OTHER MULTIPLE SIGNIFICANT TRAUMA W MCC
24	964	OTHER MULTIPLE SIGNIFICANT TRAUMA W CC
24	965	OTHER MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC
25	969	HIV W EXTENSIVE O.R. PROCEDURE W MCC
25	970	HIV W EXTENSIVE O.R. PROCEDURE W/O MCC
25	974	HIV W MAJOR RELATED CONDITION W MCC
25	975	HIV W MAJOR RELATED CONDITION W CC
25	976	HIV W MAJOR RELATED CONDITION W/O CC/MCC
25	977	HIV W OR W/O OTHER RELATED CONDITION
97	998	PRINCIPAL DIAGNOSIS INVALID AS DISCHARGE DIAGNOSIS
98	001	HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W MCC
98	002	HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W/O MCC
98	003	ECMO OR TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.
98	004	TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R.
98	005	LIVER TRANSPLANT W MCC OR INTESTINAL TRANSPLANT
98	006	LIVER TRANSPLANT W/O MCC
98	007	LUNG TRANSPLANT
98	008	SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT
98	010	PANCREAS TRANSPLANT
98	011	TRACHEOSTOMY FOR FACE,MOUTH & NECK DIAGNOSES W MCC
98	012	TRACHEOSTOMY FOR FACE,MOUTH & NECK DIAGNOSES W CC
98	013	TRACHEOSTOMY FOR FACE,MOUTH & NECK DIAGNOSES W/O CC/MCC
98	014	ALLOGENEIC BONE MARROW TRANSPLANT

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MDC Code	MS-DRG Code	MS-DRG Description
98	016	AUTOLOGOUS BONE MARROW TRANSPLANT W CC/MCC
98	017	AUTOLOGOUS BONE MARROW TRANSPLANT W/O CC/MCC
99	981	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W MCC
99	982	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W CC
99	983	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/
99	984	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W MCC
99	985	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W CC
99	986	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/
99	987	NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W MCC
99	988	NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W CC
99	989	NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/M

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Facility Number	Facility Name	Start Date	End Date	Data Element	Type	Notes
'010856'	Kaiser Fdn Hosp - Oakland Campus	1/1/2011	12/31/2011	Total Charges	Modification	Modification request to not report Total Charges.
'010858'	Kaiser Fdn Hosp - Hayward/Fremont	1/1/2011	12/31/2011	Total Charges	Modification	Modification request to not report Total Charges.
'070990'	Kaiser Fdn Hosp - Walnut Creek	1/1/2011	12/31/2011	Total Charges	Modification	Modification request to not report Total Charges.
'074097'	Kaiser Fdn Hosp - Antioch	1/1/2011	12/31/2011	Total Charges	Modification	Modification request to not report Total Charges.
'104062'	Kaiser Fdn Hosp - Fresno	1/1/2011	12/31/2011	Total Charges	Modification	Modification request to not report Total Charges.
'190429'	Kaiser Fdn Hosp - Los Angeles (Sunset)	1/1/2011	12/31/2011	Total Charges	Modification	Modification request to not report Total Charges.
'190431'	Kaiser Fdn Hosp - South Bay	1/1/2011	12/31/2011	Total Charges	Modification	Modification request to not report Total Charges.
'190432'	Kaiser Fdn Hosp - Panorama City	1/1/2011	12/31/2011	Total Charges	Modification	Modification request to not report Total Charges.
'190434'	Kaiser Fdn Hosp - West LA	1/1/2011	12/31/2011	Total Charges	Modification	Modification request to not report Total Charges.
'190712'	Shriners Hospital - Los Angeles	1/1/2011	12/31/2011	DNR	Modification	Their patients are basically healthy children treated for a specific reason. This is in keeping with the type of service that Shriners supplies.
'190712'	Shriners Hospital - Los Angeles	1/1/2011	12/31/2011	Total Charges	Modification	Facility to report total charges as \$0 for the 2011 reporting periods. This is in keeping with the type of service that Shriners supplies.
'190712'	Shriners Hospital - Los Angeles	1/1/2011	12/31/2011	ZIP Code	Modification	Most of the patients come from Mexico. This is in keeping with the type of service that Shriners supplies.

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'191450'	Kaiser Fdn Hosp - Woodland Hills	1/1/2011	12/31/2011	Total Charges	Modification	Modification request to not report Total Charges.
'196035'	Kaiser Fdn Hosp - Baldwin Park	1/1/2011	12/31/2011	Total Charges	Modification	Modification request to not report Total Charges.
'196403'	Kaiser Fdn Hosp - Downey	1/1/2011	12/31/2011	Total Charges	Modification	Modification request to not report Total Charges.
'210992'	Kaiser Fdn Hosp - San Rafael	1/1/2011	12/31/2011	Total Charges	Modification	Modification request to not report Total Charges.
'301132'	Kaiser Fdn Hosp - Anaheim	1/1/2011	12/31/2011	Total Charges	Modification	Modification request to not report Total Charges.
'314024'	Kaiser Fdn Hosp - Roseville - Eureka	1/1/2011	12/31/2011	Total Charges	Modification	Modification request to not report Total Charges.
'334025'	Kaiser Fdn Hosp - Riverside	1/1/2011	12/31/2011	Total Charges	Modification	Modification request to not report Total Charges.
'334048'	Kaiser Fdn Hosp - Moreno Valley	1/1/2011	12/31/2011	Total Charges	Modification	Modification request to not report Total Charges.
'340913'	Kaiser Fdn Hosp - Sacramento - Morse	1/1/2011	12/31/2011	Total Charges	Modification	Modification request to not report Total Charges.
'342344'	Kaiser Fdn Hosp - South Sacramento	1/1/2011	12/31/2011	Total Charges	Modification	Modification request to not report Total Charges.
'344114'	Shriners Hospital - Northern Calif	1/1/2011	12/31/2011	Expected Source of Payment	Modification	Facility to report 100% records reported in one payer category for the 2011 reporting periods.
'344114'	Shriners Hospital - Northern Calif	1/1/2011	12/31/2011	DNR	Modification	All patients in good health and withstand planned surgery/treatment with the exception of our burn patients.
'344114'	Shriners Hospital - Northern Calif	1/1/2011	12/31/2011	Social Security Number	Modification	Most of their patient population is from out of the country.
'344114'	Shriners Hospital - Northern Calif	1/1/2011	12/31/2011	Total Charges	Modification	Facility to report total charges as \$0 for the 2011 reporting periods. This is in keeping with the type of service that Shriners supplies in that services rendered are not charged for.
'361223'	Kaiser Fdn Hosp - Fontana	1/1/2011	12/31/2011	Total Charges	Modification	Modification request to not report Total Charges.
'370730'	Kaiser Fdn Hosp - San Diego	1/1/2011	12/31/2011	Total Charges	Modification	Modification request to not report Total Charges.
'380857'	Kaiser Fdn Hosp - San Francisco	1/1/2011	12/31/2011	Total Charges	Modification	Modification request to not report Total Charges.

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'394009'	Kaiser Fdn Hosp - Manteca	1/1/2011	12/31/2011	Total Charges	Modification	Modification request to not report Total Charges.
'410804'	Kaiser Fdn Hosp - Redwood City	1/1/2011	12/31/2011	Total Charges	Modification	Modification request to not report Total Charges.
'410806'	Kaiser Fdn Hosp - South San Francisco	1/1/2011	12/31/2011	Total Charges	Modification	Modification request to not report Total Charges.
'431506'	Kaiser Fdn Hosp - San Jose	1/1/2011	12/31/2011	Total Charges	Modification	Modification request to not report Total Charges.
'434153'	Kaiser Fdn Hosp - Santa Clara	1/1/2011	12/31/2011	Total Charges	Modification	Modification request to not report Total Charges.
'434218'	Kaiser Permanente P.H.F. - Santa Clara	1/1/2011	12/31/2011	Total Charges	Modification	Modification request to not report Total Charges.
'480989'	Kaiser Fdn Hosp - Rehab Ctr. - Vallejo	1/1/2011	12/31/2011	Total Charges	Modification	Modification request to not report Total Charges.
'484044'	Kaiser Fdn Hosp - Vacaville	1/1/2011	12/31/2011	Total Charges	Modification	Modification request to not report Total Charges.
'494019'	Kaiser Fdn Hosp - Santa Rosa	1/1/2011	12/31/2011	Total Charges	Modification	Modification request to not report Total Charges.
'013687'	MPI Chemical Dependency Recovery Hospital	1/1/2008	6/30/2012	Principal Procedure	Non-Compliance	Facility states they reported procedures that were not necessarily completed because they were coding procedures from the "history and physical" rather than the physician's orders. In some cases the physician did not go on to order the procedure.
'014034'	Fremont Hospital	7/1/2011	12/31/2011	Expected Source of Payment Payor Category	Non-Compliance	Non-Compliance issued on Expected Source of Payment Payor Category. The current data reported has issues due to the new system which created many mapping problems.
'150737'	Kern Valley Healthcare District	1/1/2008	6/30/2011	Source of Admission Route	Non-Compliance	Facility has been reporting incorrectly for 2 years the Skilled Nursing patients that go to the ER for treatment and return the next day as two separate stays. It should have been reported as one continuous stay. They will have it corrected starting July 1 2011.

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Facility Number	Facility Name	Start Date	End Date	Data Element	Type	Notes
'150788'	San Joaquin Community Hospital	1/1/2001	6/30/2011	Race	Non-Compliance	Facility states , Hispanic was removed as a Race option and mapped to Unknown.
'190470'	Providence Little Company of Mary MC - Torrance	7/1/2011	12/31/2011	Expected Source of Payment	Non-Compliance	Non-Compliance was issued on the full data element due to a software mapping problem; 1,600-3,500 records were incorrectly mapped. This has been corrected and is expected to be correct as of 1-1-12.
190854'	Los Angeles Metropolitan Medical Center	1/1/2011	6/30/2011	Source of Admission	Non-Compliance	Facility did not provide sufficient justification on questionable data and was unable to meet the reporting requirements by the established end date.
190854'	Los Angeles Metropolitan Medical Center	1/1/2011	6/30/2011	Type of Admission	Non-Compliance	Facility did not provide sufficient justification on questionable data and was unable to meet the reporting requirements by the established end date.
'250955'	Surprise Valley Community Hospital	1/1/2008	6/30/2011	Total Number of Discharges	Non-Compliance	Facility states they were underreporting discharges due to not discharging when patient changed type of care within the facility.
'270777'	George L. Mee Memorial Hospital	7/1/2010	12/31/2011	Expected Source of Payment	Non-Compliance	Per facility, the new system has caused Expected Source of Payment errors and due to limited resources and other projects, they will not be able to repair the system until the end of 2011.
'331194'	Hemet Valley Medical Center	7/1/2010	6/30/2011	Ethnicity	Non-Compliance	Per facility contact, they have not been collecting Ethnicity per OSHPD requirements. They will begin collecting Ethnicity per our reporting requirements by July 1, 2011

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Facility Number	Facility Name	Start Date	End Date	Data Element	Type	Notes
334589'	Loma Linda University Medical Center - Murrieta	1/1/2011	6/30/2011	Disposition of Patient	Non-Compliance	Newly opened facility has been unable to fully implemented new software. Facility elected not to request partial modification on data elements with known issues (SofA, DNR, ESOP, Dispo), Facility unable to meet reporting requirements by established end date.
334589'	Loma Linda University Medical Center - Murrieta	1/1/2011	6/30/2011	Expected Source of Payment	Non-Compliance	Newly opened facility has been unable to fully implemented new software. Facility elected not to request partial modification on data elements with known issues (SofA, DNR, ESOP, Dispo), Facility unable to meet reporting requirements by established end date.
334589'	Loma Linda University Medical Center - Murrieta	1/1/2011	6/30/2011	DNR	Non-Compliance	Newly opened facility has been unable to fully implemented new software. Facility elected not to request partial modification on data elements with known issues (SofA, DNR, ESOP, Dispo), Facility unable to meet reporting requirements by established end date.
334589'	Loma Linda University Medical Center - Murrieta	1/1/2011	6/30/2011	Principal E-Code	Non-Compliance	Newly opened facility has been unable to fully implemented new software. Facility elected not to request partial modification on data elements with known issues (SofA, DNR, ESOP, Dispo), Facility unable to meet reporting requirements by established end date.

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Facility Number	Facility Name	Start Date	End Date	Data Element	Type	Notes
334589'	Loma Linda University Medical Center - Murrieta	1/1/2011	6/30/2011	Source of Admission	Non-Compliance	Newly opened facility has been unable to fully implemented new software. Facility elected not to request partial modification on data elements with known issues (SofA, DNR, ESOP, Dispo), Facility unable to meet reporting requirements by established end date.
'380857'	Kaiser Fdn Hosp - San Francisco	7/1/2010	6/30/2011	Ethnicity	Non-Compliance	Facility contact verified the facility's admitting staff was not properly providing mothers of newborns with an opportunity to declare race/ethnicity for their newborns.
'380929'	California PAC Med Ctr-Pacific Campus	1/1/2001	12/31/2011	Total Number of Records	Non-Compliance	Facility has been overstating number of discharges due to discharging/readmitting patient when moved within same type of care between Davies and Pacific campus which were both reporting under the consolidated license of the Pacific campus.
'190017'	Alhambra Hospital Medical Center	1/1/2011	6/30/2011	Race	Exception	Per facility, high "Unknown" Race reported are patients that were Hispanics in Ethnicity but refused to indentify their Race.
'190017'	Alhambra Hospital Medical Center	1/1/2011	6/30/2011	Source of Admission Site	Exception	Per facility, records reported as "Other" are from other ER's in the area.
'010844'	Alta Bates Summit Medical Center-Herrick Campus	1/1/2011	6/30/2011	Source of Admission	Exception	Per facility, high number of "Other" are from other hospital's ED. The data is accurate.
'370749'	Alvarado Parkway Institute B.H.S.	4/1/2009	12/31/2010	Source of Admission	Exception	Per facility, more admissions came from home instead of other facilities as in previous periods.
'370749'	Alvarado Parkway Institute B.H.S.	1/1/2011	6/30/2011	ZIP Code	Exception	Per facility Board and Care provided temp housing for 37 patients, ZIP Codes were not listed for these patients.

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Facility Number	Facility Name	Start Date	End Date	Data Element	Type	Notes
'194010'	American Recovery Center	1/1/2011	6/30/2011	Source of Admission Site	Exception	Facility contact states, they are a Recovery Facility and 100% of their admissions come from Home.
'194010'	American Recovery Center	1/1/2011	6/30/2011	ZIP Code	Exception	This facility is a Recovery Center and facility contact has stated they always have a high percentage of homeless treated at their facility.
'301097'	Anaheim General Hospital	1/1/2011	6/30/2011	Other Procedure	Exception	Per facility patients requiring a procedure are transported to another facility.
'301097'	Anaheim General Hospital	1/1/2011	6/30/2011	Prehospital Care and Resuscitation	Exception	Per facility data has been reviewed and found to be correct. The 17 patients reported with a type of care SN/IC did not have a DNR order in place.
'190163'	Aurora Charter Oak	1/1/2011	6/30/2011	Type of Admission	Exception	Patients are always unscheduled for admission.
'190462'	Aurora Las Encinas Hospital	1/1/2010	12/31/2011	Other Procedure	Exception	Facility states they are "an acute psychiatric hospital and the only procedure code we use is for detoxification. When a patient is injured. . .it is policy to transfer to a Medical ER."
'190462'	Aurora Las Encinas Hospital	1/1/2011	6/30/2011	Source of Admission	Exception	Per facility contact, increase in SOA Acute Care Another Hospital-Not Your ER and decrease in SOA Home-Not a Hospital your ER is due to a new contract with Cedars Sinai.
'190462'	Aurora Las Encinas Hospital	1/1/2010	12/31/2011	Type of Admission	Exception	Facility states they are an acute psychiatric hospital and "we accommodate patients on a first-come, first-served basis." These admissions do not fall under the definition of "scheduled."

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Facility Number	Facility Name	Start Date	End Date	Data Element	Type	Notes
'374024'	Aurora San Diego	1/1/2011	6/30/2011	Other Procedure	Exception	Per facility they do not do any procedures on Psyc patients; if needed they are transferred to either Palomar, Pomerado or Scripps Hospital for procedures then readmitted.
'374024'	Aurora San Diego	1/1/2011	6/30/2011	Type of Admission	Exception	Facility states, "All of our patient's are unscheduled. This is true for past reporting periods and is not expected to change in the future".
'560203'	Aurora Vista Del Mar Hospital	1/1/2011	6/30/2011	Other Procedure	Exception	Facility contact verified they do not perform other procedures on psych patients.
'364121'	Ballard Rehabilitation Hosp	1/1/2011	6/30/2011	Other E-Code Present on Admission	Exception	Per facility, E codes present on admission would have been entered by referring hospital.
'364121'	Ballard Rehabilitation Hosp	1/1/2011	6/30/2011	Principal E-Code Present on Admission	Exception	The hospital that referred the patient for direct rehabilitation admission has already entered the E code for OSHPD reporting.
'364121'	Ballard Rehabilitation Hosp	1/1/2011	6/30/2011	Type of Admission	Exception	Per facility all inpatients admitted to the facility are pre-screened by the nurse liaison and case reviewed by the physical medicine physician; all are scheduled.
'190052'	Barlow Hospital	1/1/2011	6/30/2011	Disposition of Patient	Exception	Per facility, that seven records reported as "Other" were for patients that were sent to a Hospice facility.
'190052'	Barlow Hospital	1/1/2011	6/30/2011	Source of Admission Site	Exception	Per facility, 100% of patients reported were admitted from Acute Inpatient care.
'190052'	Barlow Hospital	1/1/2010	12/31/2011	Type of Admission	Exception	Facility contact states, patients come straight from Acute hospitals always arranged 24 in advance.
'361110'	Bear Valley Community Hospital	1/1/2011	6/30/2011	Other Procedure	Exception	1 SNF record. Facility stated all reportable procedures are performed in an acute setting.

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'361110'	Bear Valley Community Hospital	1/1/2011	6/30/2011	Source of Admission	Exception	Facility confirmed all admission came from a resident home environment.
'361110'	Bear Valley Community Hospital	1/1/2011	6/30/2011	ZIP Code	Exception	Facility reviewed records and confirmed these records were foreign visitors.
'190066'	Bellflower Medical Center	1/1/2011	6/30/2011	Other Procedure	Exception	Per facility, No procedures reported is correct. If a procedure is needed the patient is discharged to their acute for the procedure then readmit back to psych.
'330120'	Betty Ford Center of Eisenhower, The	1/1/2011	6/30/2011	Principal Language Spoken	Exception	Facility confirmed all English-speaking patients.
'330120'	Betty Ford Center of Eisenhower, The	1/1/2011	6/30/2011	Source of Admission	Exception	Facility confirmed all patients are admitted from a home setting.
'190020'	BHC Alhambra Hospital	1/1/2010	12/31/2011	Other Procedure	Exception	Per facility contact, they do not do reportable procedures, if needed patient is discharged out.
'190020'	BHC Alhambra Hospital	1/1/2010	12/31/2011	Type of Admission	Exception	Per facility contact, all their admits are scheduled.
'040802'	Biggs-Gridley Memorial Hospital	1/1/2010	12/31/2011	Other Procedure	Exception	The data has been reviewed for accuracy, they do not do procedures on SNF patients.
'044006'	Butte County Mental Health - P.H.F.	1/1/2011	6/30/2011	Other Procedure	Exception	Facility confirms no medical procedures were performed. If the patient needs a procedure they are transferred to a medical hospital (Enloe) and readmitted.
'364050'	Canyon Ridge Hospital	1/1/2011	6/30/2011	Other E-Code Present on Admission	Exception	Per facility they have No Other E-Codes POA as they are not treating patients for medical issues, they are a psyc facility.

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'364050'	Canyon Ridge Hospital	1/1/2011	6/30/2011	Principal E-Code Present on Admission	Exception	Per facility this is a Psyc facility and are not being treated for medical reasons and have no E Codes POA.
'364050'	Canyon Ridge Hospital	1/1/2011	6/30/2011	Type of Admission	Exception	Per facility their patients are never scheduled ahead of time .
'190137'	Casa Colina Hosp for Rehab Medicine	1/1/2011	6/30/2011	Principal Procedure	Exception	Per facility, if a procedure is required the patient is discharged to the local acute facility and readmitted when complete.
'190045'	Catalina Island Medical Center	1/1/2011	6/30/2011	Total Number of Discharges	Exception	(Small facility) Per facility, their medical staff increased by one physician.
'160787'	Central Valley General Hospital	1/1/2011	6/30/2011	Other E-Code Present on Admission	Exception	Per facility contact, Other E-Code POA does not normally exist on mothers and babies.
'160787'	Central Valley General Hospital	1/1/2011	6/30/2011	Prehospital Care and Resuscitation	Exception	Per facility contact, they have changed their services to mostly moms and babies, these patients do not have DNR orders on file.
'160787'	Central Valley General Hospital	1/1/2011	6/30/2011	Principal E-Code Present on Admission	Exception	Per facility contact, Principal E-Code POA does not normally exist on mothers and babies.
'304113'	Children's Hospital at Mission	1/1/2011	6/30/2011	Source of Admission	Exception	Per facility contact, they had a mapping issue and have been incorrectly reporting patient who were transferred from another facility's ER's as from home. They are now correctly reporting as other.
'204019'	Children's Hospital Central California	1/1/2011	6/30/2011	Prehospital Care and Resuscitation	Exception	Per facility, they are a pediatric hospital which never gets DNR orders on patients. The 100% No reported is accurate.

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'434051'	Children's Recovery Ctr. of NO. Calif	1/1/2011	6/30/2011	Expected Source of Payment	Exception	(Small facility) Per facility contact, while a few of their patients may start their stay with private insurance, most of them stay long enough to convert to Medi Cal.
'434051'	Children's Recovery Ctr. of NO. Calif	1/1/2011	6/30/2011	Prehospital Care and Resuscitation	Exception	(Small facility) Per facility contact, they are a pediatric facility that cares for only infants and small children. DNR orders are very rare in this population.
'434051'	Children's Recovery Ctr. of NO. Calif	1/1/2011	6/30/2011	Principal Language Spoken	Exception	(Small facility) Per facility contact, they had one unique PLS, which was Trique.
'434051'	Children's Recovery Ctr. of NO. Calif	1/1/2011	6/30/2011	Principal Procedure	Exception	(Small facility) Per facility contact, one case is enough to cause them to exceed ETL %.
'434051'	Children's Recovery Ctr. of NO. Calif	1/1/2011	6/30/2011	Source of Admission	Exception	(Small facility) Per facility contact, it is normal to have their patients transferred to them from an acute hospital.
'434051'	Children's Recovery Ctr. of NO. Calif	1/1/2011	6/30/2011	Total Number of Discharges	Exception	(Small facility) Per facility contact, one case is enough to cause them to exceed ETL %.
'434051'	Children's Recovery Ctr. of NO. Calif	1/1/2011	6/30/2011	Type of Admission	Exception	(Small facility) Per facility contact, all admissions are scheduled.
'100697'	Coalinga Regional Medical Center	1/1/2011	6/30/2011	Other Procedure	Exception	Per facility, verified that the SNF patients discharged this report period had no procedures done.
'301155'	College Hospital Costa Mesa	1/1/2011	6/30/2011	Prehospital Care and Resuscitation	Exception	Per facility contact, they did not have any patients with DNR orders during this RP. Data reported is accurate.
'301155'	College Hospital Costa Mesa	1/1/2011	6/30/2011	Source of Admission	Exception	Per facility contact, high percentage of "Other" Source of Admission are reporting patients coming through other facilities ER.

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'100717'	Community Regional Medical Center- Fresno	1/1/2011	6/30/2011	Other Procedure	Exception	Per facility contact, they do not perform procedures on Psychiatric patients, if a procedure is needed; the patient is discharged to their Acute care and then readmitted.
'154147'	Crestwood Psychiatric Health Facility - Bakersfield	7/1/2010	12/31/2011	Other Procedure	Exception	Per Facility contact, Crestwood Psychiatric Health Facility does not employ any medical procedures within its facility. If patient needs procedures, patient is discharged to another facility and readmitted.
'154147'	Crestwood Psychiatric Health Facility - Bakersfield	7/1/2010	12/31/2011	Principal Procedure	Exception	Per Facility contact, Crestwood Psychiatric Health Facility does not employ any medical procedures within its facility. If patient needs procedures, patient is discharged to another facility and readmitted.
'154147'	Crestwood Psychiatric Health Facility - Bakersfield	1/1/2011	6/30/2011	Type of Admission	Exception	Per facility all admits are unscheduled due to the nature of their business.
'154160'	Crestwood Psychiatric Health Facility - Bakersfield 2	1/1/2011	6/30/2011	Other Procedure	Exception	Per facility contact, they did not perform any procedures at this facility.
'154160'	Crestwood Psychiatric Health Facility - Bakersfield 2	1/1/2011	6/30/2011	Principal Procedure	Exception	Per facility contact, they did not perform any procedures at this facility.
'154160'	Crestwood Psychiatric Health Facility - Bakersfield 2	1/1/2011	6/30/2011	Source of Admission	Exception	Per facility contact, clients come from a Psychiatric Evaluation Center (a 23 hour observation facility).
'104089'	Crestwood Psychiatric Health Facility - Fresno	1/1/2011	6/30/2011	Disposition of Patient	Exception	Per facility, the Patient Disposition to Other (3.4%) data is accurate and due to patients being transferred to other hospital's ERs for further treatment/evaluation.

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'104089'	Crestwood Psychiatric Health Facility - Fresno	1/1/2011	6/30/2011	Source of Admission	Exception	Per facility, the SOA Other at 90% is accurate and due to so many patients coming from ERs of other local hospitals.
'104089'	Crestwood Psychiatric Health Facility - Fresno	1/1/2011	6/30/2011	ZIP Code	Exception	Per facility, the indigent population has gone up significantly causing the unknown ZIPs to go up to 18%.
'434220'	Crestwood San Jose Psychiatric Health Facility	3/2/2011	6/30/2011	Other Diagnosis Present on Admission	Exception	Per facility contact, all diagnosis were present on admission.
'434220'	Crestwood San Jose Psychiatric Health Facility	3/2/2011	6/30/2011	Other Procedure	Exception	Per facility contact, they do not perform any procedures as delineated in the manual, if needed the patients are discharged to another facility.
'434220'	Crestwood San Jose Psychiatric Health Facility	3/2/2011	6/30/2011	Principal Procedure	Exception	Per facility contact, they do not perform any procedures as delineated in the manual, if needed the patients are discharged to another facility.
'434220'	Crestwood San Jose Psychiatric Health Facility	3/2/2011	6/30/2011	Type of Admission	Exception	Per facility contact, all patients are approved for admission before they are admitted.
'434220'	Crestwood San Jose Psychiatric Health Facility	3/2/2011	6/30/2011	ZIP Code	Exception	Per facility contact, high number of unknown ZIP Codes reported is accurate. They serve a large amount of indigent individuals.
'190232'	Del Amo Hospital	1/1/2011	6/30/2011	Other Procedure	Exception	Per facility contact, they do not perform procedures. If a procedure is needed the patient is discharged to another facility and readmitted.
'150706'	Delano Regional Medical Center	1/1/2011	6/30/2011	Prehospital Care and Resuscitation	Exception	Per facility, the data is accurate as reported. None of the 30 SN patients had a DNR order.

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'392287'	Doctors Hospital of Manteca	1/1/2011	6/30/2011	Total Charges	Exception	Per facility the charges are correct and have been verified; a one day Newborn Stay including vaccines, labs, and standard tests is \$3,701.32.
'500852'	Doctors Medical Center	1/1/2011	6/30/2011	Source of Admission	Exception	Facility states high number of "Other" Source of Admission are admissions from other facilities' ED.
'196168'	Earl & Loraine Miller Children's Hosp.	1/1/2011	6/30/2011	Prehospital Care and Resuscitation	Exception	Facility confirmed "we had no cases in our Children's Hospital that met the OSHPD DNR definition."
'196168'	Earl & Loraine Miller Children's Hosp.	1/1/2011	6/30/2011	Source of Admission	Exception	Specialty hospital states they receive a high number of patients from other facilities.
'320859'	Eastern Plumas Hosp-Portola Campus	1/1/2011	6/30/2011	Other Procedure	Exception	Per facility they do not perform procedures in their SNF and if a procedure is needed, they are sent to their AS.
'094002'	El Dorado County-PHF	1/1/2010	6/30/2011	Other Diagnosis Present on Admission	Exception	Per facility all data is verified to be correct.
'094002'	El Dorado County-PHF	1/1/2010	6/30/2011	Other Procedure	Exception	This is a psych facility and they do not perform procedures but send them out to local hospitals if needed.
'094002'	El Dorado County-PHF	1/1/2010	6/30/2011	Type of Admission	Exception	All data is verified to be correct, admits are on an unscheduled emergency basis.
'500867'	Emanuel Medical Center	1/1/2011	6/30/2011	Principal Language Spoken	Exception	Per facility this data is correct, the language was Assyrian and at this time it is not in the table.
'190280'	Encino Hospital Medical Center	1/1/2011	6/30/2011	Prehospital Care and Resuscitation	Exception	Per facility the Skilled Nursing Long Term Care patients are on vents and are full code patients with no DNR in place.

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'370705'	Fallbrook Hospital District	1/1/2010	12/31/2011	Other Procedure	Exception	Per facility contact, they do not perform procedures at their SNF. If needed, they are discharged to acute care.
'230949'	Frank R Howard Memorial Hospital	1/1/2011	6/30/2011	Expected Source of Payment Name of Plan	Exception	Per facility, they reviewed the 2 Knox-Keene records reported and both used the same HMO. The data is accurate.
'230949'	Frank R Howard Memorial Hospital	1/1/2011	6/30/2011	Other Procedure	Exception	Per facility, they use their swing beds for rehab care only and if procedure with risk are needed the patient is transferred to acute.
'014034'	Fremont Hospital	1/1/2010	12/31/2011	Other Procedure	Exception	Per facility they never perform any psychiatric procedures on patients.
'014034'	Fremont Hospital	1/1/2010	12/31/2011	Type of Admission	Exception	All admits come from other facilities or EPS on an unscheduled basis.
'104047'	Fresno Surgical Hospital	1/1/2011	6/30/2011	Source of Admission	Exception	Per facility Fresno Surgical is a specialty hospital focused on elective surgery, they do not see patients from other admission sources.
'104047'	Fresno Surgical Hospital	1/1/2011	6/30/2011	Type of Admission	Exception	Fresno Surgical Hospital does elective surgeries, they are always scheduled services.
'190317'	Gateways Hospital and Mental Health Ctr.	1/1/2010	12/31/2011	Type of Admission	Exception	Per facility, contact the facility receives their patients from ER rooms as well as walk-ins. Therefore records will always be unscheduled.
'110889'	Glenn Medical Center	1/1/2011	6/30/2011	Type of Admission	Exception	Facility contact verified all admissions were scheduled.
'420483'	Goleta Valley Cottage Hospital	1/1/2011	6/30/2011	Prehospital Care and Resuscitation	Exception	Per facility, there were no DNR within the first 24 hrs of the patients care for skilled care.

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Facility Number	Facility Name	Start Date	End Date	Data Element	Type	Notes
'430779'	Good Samaritan Hospital	1/1/2011	6/30/2011	Other Procedure	Exception	Per facility they do no other procedures on Psyc patients; when a procedure is needed they discharge to their acute care and then readmit after having the procedure completed.
'150775'	Good Samaritan Hospital-Bakersfield	1/1/2011	6/30/2011	Source of Admission	Exception	Per facility contact the increase in "Other" Source of Admission is due to an increase in the transfers to the facility from another hospital's Emergency Room.
'190352'	Greater El Monte Community Hospital	1/1/2011	6/30/2011	Prehospital Care and Resuscitation	Exception	Per facility, they have no current discharges on DNR.
'370714'	Grossmont Hospital	1/1/2011	6/30/2011	Race	Exception	Per facility, the remaining Unknown Race were due to uncooperative patients that would not give the information.
'350784'	Hazel Hawkins Memorial Hospital	1/1/2010	12/31/2011	Other Procedure	Exception	Per facility contact, they do not perform procedures on Skilled Nursing patients at the skilled nursing facilities. If the patients require procedures, they are discharged from the SNF and admitted to the acute facility for care.
'490964'	Healdsburg District Hospital	1/1/2011	6/30/2011	Other Procedure	Exception	Per facility contact, they do not perform procedures on SNIC they are discharged to their acute care unit.
'304159'	Healthbridge Children's Hospital - Orange	1/1/2011	6/30/2011	Other Diagnosis Present on Admission	Exception	Per facility contact, all diagnosis were Present on Admission.
'304159'	Healthbridge Children's Hospital - Orange	1/1/2011	6/30/2011	Other Procedure	Exception	Per facility contact, they discharge their SN/IC patients to Acute Care when a procedure is needed.
'304159'	Healthbridge Children's Hospital - Orange	1/1/2011	6/30/2011	Type of Admission	Exception	Per facility contact, all admission are scheduled.

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'154022'	Healthsouth Bakersfield Rgnl Rehab Hosp	1/1/2011	6/30/2011	Type of Admission	Exception	Facility contact verified, all admissions are scheduled.
'304079'	Healthsouth Tustin Rehab. Hospital	7/1/2009	12/31/2011	Type of Admission	Exception	Per facility contact, we are an acute rehab facility and all of our admissions are scheduled admissions.
'331194'	Hemet Valley Medical Center	1/1/2011	6/30/2011	Other Procedure	Exception	Per facility, no other procedures on SN have been performed, if needed patients are discharged from SN and admitted to facility's IP then discharged back to SN.
'344021'	Heritage Oaks Hospital	1/1/2010	12/31/2011	Other Procedure	Exception	Facility contact states, at Heritage Oaks Hospital no procedures are performed therefore our percentage/data of records reported as 100% is true and correct.
'344021'	Heritage Oaks Hospital	1/1/2010	12/31/2011	Principal Procedure	Exception	Facility contact states, at Heritage Oaks Hospital no procedures are performed therefore our percentage/data of records reported as 100% is true and correct.
'344021'	Heritage Oaks Hospital	1/1/2010	12/31/2011	Type of Admission	Exception	Facility contact states, our largest source of admissions come via an acute hospital's Emergency Room Department with patients on a 5150 hold. Source of Admission Home reported as 100% is true and correct.
'362041'	HI-Desert Medical Center	1/1/2011	6/30/2011	Other Procedure	Exception	Per facility, no procedures on SN patients, if a procedure is needed they discharge to their IP acute care then back to SN.
'121031'	Jerold Phelps Community Hospital	1/1/2011	6/30/2011	Other E-Code Present on Admission	Exception	Edit applied to one record and facility confirmed it was reported accurately.

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'121031'	Jerold Phelps Community Hospital	1/1/2011	6/30/2011	Other Procedure	Exception	Facility states patients are discharged and sent to other facilities when a significant procedure is necessary.
'380842'	Jewish Home	1/1/2011	6/30/2011	Other E-Code Present on Admission	Exception	Per facility, confirm the data is accurate. At Jewish Home, E codes are usually only from when incident happens in-house, they have No Other E code POA.
'380842'	Jewish Home	1/1/2011	6/30/2011	Other Procedure	Exception	Per facility, confirm the data is accurate, Jewish Home does not do any type of procedures, they are discharged to an acute facility when needed.
'380842'	Jewish Home	1/1/2011	6/30/2011	Principal E-Code Present on Admission	Exception	Per facility, confirm the data is accurate. At Jewish Home patients Principal E codes are reported at the primary facility where they came from.
'380842'	Jewish Home	1/1/2011	6/30/2011	Principal Procedure	Exception	Per facility, confirm the data is accurate. Jewish Home does not do any type of procedures, they are discharged to an acute facility when needed.
'380842'	Jewish Home	1/1/2011	6/30/2011	Type of Admission	Exception	Per facility, confirm the data is accurate. Jewish Home has only patients that are referred by an acute facility, family or agency and all are scheduled prior to admitting.
'220733'	John C Fremont Healthcare District	1/1/2011	6/30/2011	Other Diagnosis Present on Admission	Exception	(Other Diagnosis Pres on Admission Yes). Per facility they have reviewed admission logs and verified along with coding log the data is correct.
'220733'	John C Fremont Healthcare District	1/1/2011	6/30/2011	Principal Language Spoken	Exception	Per facility, all persons are English speaking.
'074039'	John Muir Behavioral Health Center	1/1/2010	12/31/2011	Other Procedure	Exception	Facility states they do not do procedures as they are all done at general acute care hospitals.

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'074039'	John Muir Behavioral Health Center	1/1/2010	12/31/2011	Principal Procedure	Exception	Facility states they do not do procedures as they are all done at general acute care hospitals.
'074039'	John Muir Behavioral Health Center	1/1/2010	12/31/2011	Type of Admission	Exception	Facility states, none of their admissions are scheduled 24 hours in advance of the admission date/time.
'196404'	Joyce Eisenberg Keefer Medical Center	1/1/2011	6/30/2011	Other Procedure	Exception	Per facility they do no procedures at this facility, they discharge to Northridge or Encino Hospitals for procedures.
'196404'	Joyce Eisenberg Keefer Medical Center	1/1/2011	6/30/2011	Principal Procedure	Exception	Per facility they do no procedures at this facility, they discharge to Northridge or Encino Hospitals for procedures.
'196035'	Kaiser Fdn Hosp - Baldwin Park	1/1/2011	6/30/2011	Source of Admission	Exception	5.8% Source of Admission - Other. The data is accurate.
'196403'	Kaiser Fdn Hosp - Downey	1/1/2011	6/30/2011	Source of Admission	Exception	Per facility contact, Source of Admission - other correct, patients are being transferred to their facility from other facility ER's
'361223'	Kaiser Fdn Hosp - Fontana	1/1/2011	6/30/2011	Source of Admission Site	Exception	Per facility contact, Source of Admission - other correct, patients are being transferred to their facility from other facility ER's
'334048'	Kaiser Fdn Hosp - Moreno Valley	1/1/2011	6/30/2011	Source of Admission	Exception	Per facility contact, Source of Admission - other correct, patients are being transferred to their facility from other facility ER's
'410804'	Kaiser Fdn Hosp - Redwood City	1/1/2011	6/30/2011	Source of Admission Site	Exception	Per facility contact, Source of Admission - other correct, patients are being transferred to their facility from other facility ER's
'334025'	Kaiser Fdn Hosp - Riverside	1/1/2011	6/30/2011	Source of Admission	Exception	Per facility contact, Source of Admission - other correct, patients are being transferred to their facility from other facility ER's

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'340913'	Kaiser Fdn Hosp - Sacramento/Roseville - Morse	1/1/2011	6/30/2011	Source of Admission Site	Exception	Per facility contact, Source of Admission - other correct, patients are being transferred to their facility from other facility ER's
'190429'	Kaiser Fdn Hosp - Sunset	1/1/2011	6/30/2011	Source of Admission Site	Exception	Per facility contact, Source of Admission - other correct, patients are being transferred to their facility from other facility ER's
'484044'	Kaiser Fdn Hosp - Vacaville	1/1/2011	6/30/2011	Expected Source of Payment Type of Coverage	Exception	Facility contact verified all plan codes are Kaiser.
'190434'	Kaiser Fdn Hosp - West LA	1/1/2011	6/30/2011	Source of Admission Site	Exception	Per facility - Source of Admission - Other are correct as reported. They are patients coming from another hospital's ED, Hospice and some newborns before they got to the hospital.
'191450'	Kaiser Fdn Hosp - Woodland Hills	1/1/2011	6/30/2011	Source of Admission Site	Exception	Per facility contact, Source of Admission - other correct, patients are being transferred to their facility from other facility ER's
'434218'	Kaiser Permanente P.H.F. - Santa Clara	1/1/2011	6/30/2011	Other Procedure	Exception	Procedures were not done during this reporting period on any patients and have verified this with reports.
'434218'	Kaiser Permanente P.H.F. - Santa Clara	1/1/2011	6/30/2011	Principal Procedure	Exception	Procedures were not done during this reporting period on any patients and have verified this with reports.
'434218'	Kaiser Permanente P.H.F. - Santa Clara	1/1/2011	6/30/2011	Source of Admission Site	Exception	Per facility contact, Source of Admission - other correct, patients are being transferred to their facility from other facility ER's

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'434218'	Kaiser Permanente P.H.F. - Santa Clara	1/1/2011	6/30/2011	Type of Admission	Exception	All admissions in this facility are unscheduled due to the nature of the business.
'540734'	Kaweah Delta Medical Center	1/1/2011	6/30/2011	Other Procedure	Exception	Per facility, no procedures reported is correct. If a procedure is needed, the patient is transferred to acute and then back to Skilled Nursing or Psychiatric upon completion of the procedure.
'190150'	Kedren Community Mental Health Center	1/1/2011	6/30/2011	Expected Source of Payment	Exception	Per facility, they are under contract with the Los Angeles County Department of Mental Health and all funding for all patients is under the same category per the contract.
'190150'	Kedren Community Mental Health Center	1/1/2011	6/30/2011	Other Procedure	Exception	Per facility, the data is correct as reported; this is a Psychiatric hospital and if procedures are needed the patient will be discharged to another facility.
'190150'	Kedren Community Mental Health Center	1/1/2011	6/30/2011	Principal Procedure	Exception	Per facility the data is correct as reported; this is a Psychiatric hospital and if procedures are needed the patient will be discharged to another facility.
'210993'	Kentfield Rehabilitation Hospital	1/1/2011	6/30/2011	Source of Admission	Exception	Facility confirmed that all patients come from inpatient acute care facilities as their facility is like a "step-down" from the acute ICU setting. From their facility patients are either sent home or to a lower level of care.
'210993'	Kentfield Rehabilitation Hospital	1/1/2011	6/30/2011	Type of Admission	Exception	Facility states all patients go through a screening process first and then are scheduled for admission to the facility in advance.
'150736'	Kern Medical Center	1/1/2011	6/30/2011	Other Procedure	Exception	Per facility, they did no other procedures on their Psych patients this report period. The data is accurate.

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'150736'	Kern Medical Center	1/1/2011	6/30/2011	ZIP Code	Exception	Per facility, they reviewed the data and it is accurate. They had 1.05% Unknown ZIP Code: unknowns due to homeless and indigent patients.
'150737'	Kern Valley Healthcare District	1/1/2011	6/30/2011	Principal Language Spoken	Exception	Per facility contact, the 4 patients with Principal Language reported as "unknown" were reported correctly. 2 had expired, 1 was comatose and 1 was sent to another SNIC.
'010887'	Kindred Hosp. San Francisco Bay Area	1/1/2011	6/30/2011	Type of Admission	Exception	Per facility, the data is accurate as all patients admitted are scheduled admits.
'190449'	Kindred Hospital - La Mirada	1/1/2011	6/30/2011	Type of Admission	Exception	Per facility they only do scheduled admissions, they have long term acute care patients that are scheduled prior to admission..
'190305'	Kindred Hospital - Los Angeles	1/1/2011	6/30/2011	Type of Admission	Exception	Per facility they have no ER and patients are always scheduled for admits.
'344035'	Kindred Hospital - Sacramento	1/1/2011	6/30/2011	Type of Admission	Exception	Per facility policy they do only scheduled admits.
'370721'	Kindred Hospital - San Diego	1/1/2010	12/31/2011	Type of Admission	Exception	Per facility policy they do only scheduled admits.
'190049'	Kindred Hospital Baldwin Park	1/1/2010	6/30/2011	Source of Admission	Exception	Facility contact verified their patients come from an acute facility and are always scheduled.
'190049'	Kindred Hospital Baldwin Park	1/1/2010	6/30/2011	Type of Admission	Exception	Facility contact verified their patients come from an acute facility and are always scheduled.
'301127'	Kindred Hospital Brea	1/1/2011	6/30/2011	Other Procedure	Exception	Per facility this is correct, they do not perform other procedures on SN, if needed they are transferred to an acute care facility and then returned and admitted again.

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'301127'	Kindred Hospital Brea	7/1/2009	12/31/2011	Type of Admission	Exception	Facility contact verified their patients come from an acute facility and are always scheduled.
'361274'	Kindred Hospital Ontario	1/1/2010	12/31/2012	Type of Admission	Exception	Facility contact verified their patients come from an acute facility and are always scheduled.
'364188'	Kindred Hospital Rancho	3/1/2011	6/30/2011	Expected Source of Payment	Exception	Per facility contact, they are reporting as a split period (Mar thru June 2011). The facility signed a new contract therefore their payment source Knox-Keene has increased since they took over Vista
'364188'	Kindred Hospital Rancho	3/1/2011	6/30/2011	Total Number of Discharges	Exception	Per facility contact, they are reporting as a split period (Mar thru June 2011).
'332172'	Kindred Hospital Riverside	2/8/2011	6/30/2011	Disposition of Patient	Exception	Two records reported as "Other" caused this failure and they were both verified to be correct.
'332172'	Kindred Hospital Riverside	1/1/2009	6/30/2011	Expected Source of Payment	Exception	Per facility; an ownership change and new contracts is the reason for the change this reporting period.
'332172'	Kindred Hospital Riverside	1/1/2011	2/7/2011	Source of Admission	Exception	Per facility contact, all admits were from their Acute IP.
'332172'	Kindred Hospital Riverside	2/8/2011	6/30/2011	Type of Admission	Exception	Per facility they only do scheduled admits, this is the business practice they use.
'190196'	Kindred Hospital South Bay	1/1/2010	6/30/2011	Source of Admission	Exception	Facility contact verified all their patients are referred from other acute hospitals.
'190196'	Kindred Hospital South Bay	1/1/2010	6/30/2011	Type of Admission	Exception	Facility contact verified all admissions are referred from acute care hospitals therefore they must assure they have beds available.
'301380'	Kindred Hospital Westminster	1/1/2011	6/30/2011	Prehospital Care and Resuscitation	Exception	Per facility none of the discharged patients had a DNR in place within 24 hrs of admission.

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'301380'	Kindred Hospital Westminster	1/1/2011	6/30/2011	Type of Admission	Exception	Per facility they are a long term care acute facility and all admissions are scheduled.
'194981'	La Casa Psychiatric Health Facility	1/1/2011	6/30/2011	Other Diagnosis Present on Admission	Exception	(Small facility) Per facility contact all 45 patients have been reviewed and determined to have other diagnosis that were noted prior to admission at this facility.
'194981'	La Casa Psychiatric Health Facility	1/1/2011	6/30/2011	Other Procedure	Exception	(Small facility) Per facility contact they are a county contracted free standing psychiatric facility. All clients are medically cleared prior to admission and not in need of any medical treatments, during this time period only one patient was discharged for acute care but did not return.
'194981'	La Casa Psychiatric Health Facility	1/1/2011	6/30/2011	Source of Admission Site	Exception	(Small facility) Per facility contact they are a county contracted free standing psychiatric facility. Two of the 16 beds are for unfunded clients who are often homeless. The county has been working to use the unfunded beds available so they are receiving patients from other emergency rooms.
'194981'	La Casa Psychiatric Health Facility	1/1/2011	6/30/2011	Type of Admission	Exception	(Small facility) Per facility contact all 45 patients were unscheduled; all clients come from an acute or Emergency setting after being stabilized and then transferred.
'194981'	La Casa Psychiatric Health Facility	1/1/2011	6/30/2011	ZIP Code	Exception	(Small facility) Per facility contact they are a county contracted free standing psychiatric facility. Two of the 16 beds are for unfunded clients who are often homeless.

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Facility Number	Facility Name	Start Date	End Date	Data Element	Type	Notes
'301234'	La Palma Intercommunity Hospital	1/1/2011	6/30/2011	Other Procedure	Exception	Pysc facility transfers all patients who need procedures to acute or discharges to another acute facility for procedural services.
'191306'	LAC/Rancho Los Amigos National Rehab Ctr	1/1/2011	6/30/2011	Source of Admission Site	Exception	Per facility this is correct as many of their patients come from other facilities ER's.
'190240'	Lakewood Regional Medical Center - South	1/1/2011	6/30/2011	Source of Admission	Exception	Per facility, Source of Admission - Other are patients admitted from another hospital's ED. The data is accurate.
'380868'	Langley Porter Psychiatric Institute	1/1/2011	6/30/2011	Other Diagnosis Present on Admission	Exception	Per facility has only 20 beds and has not had any other diagnosis present on admission.
'361246'	Loma Linda University Medical Center	1/1/2011	6/30/2011	Source of Admission Site	Exception	Per facility, high number of "Other" due to a high volume of patients from other hospital's ED.
'420491'	Lompoc Valley Medical Center	1/1/2011	6/30/2011	Other Procedure	Exception	Per facility if procedures were needed the patient would be transferred and readmitted.
'434040'	Lucile S Packard Chldrn Hosp at Stanford	1/1/2011	6/30/2011	Source of Admission Site	Exception	Per facility, high number of "Other" Source of Admission due to the fact that this facility is a pediatric/OB acute care facility and does not have an ER. Other facilities transfer their patients to this facility.

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'244027'	Marie Green Psychiatric Center -PHF	1/1/2011	6/30/2011	Principal Procedure	Exception	Per facility contact, they do not perform procedures of any kind, if a procedure is needed the patient is discharged to another facility and readmitted. From 7/1/07 through 12/31/10, the facility reported Lithium Therapy, Chemical Shock Therapy and Electric Shock Therapy to OSHPD as Principal Procedures however, per OSHPD reporting requirements; they will no longer report these as Principal Procedures.
'450936'	Mayers Memorial Hospital	1/1/2011	6/30/2011	Other Procedure	Exception	Per facility if another procedure is needed the patient is transferred and the readmitted upon return.
'414018'	Menlo Park Surgical Hospital	1/1/2011	6/30/2011	Other E-Code Present on Admission	Exception	Per facility this is correct as reported. This facility is for surgeries and are scheduled in advance .
'414018'	Menlo Park Surgical Hospital	1/1/2011	6/30/2011	Prehospital Care and Resuscitation	Exception	Per facility their patients are healthy with very few health issues and come to the hospital for minor surgeries; no DNR on these patients.
'414018'	Menlo Park Surgical Hospital	1/1/2011	6/30/2011	Principal Language Spoken	Exception	Per facility PLS is listed on the face sheet and is correct.
'414018'	Menlo Park Surgical Hospital	1/1/2011	6/30/2011	Source of Admission Site	Exception	Per facility, all admissions are scheduled surgical cases and they come from where they live (home) to the hospital.
'414018'	Menlo Park Surgical Hospital	1/1/2011	6/30/2011	Type of Admission	Exception	Per facility, all admissions are scheduled surgical cases and they come from where they live (home) to the hospital.
'150761'	Mercy Hospital - Bakersfield	1/1/2011	6/30/2011	Disposition of Patient	Exception	Per facility contact, they have seen an increase of patients discharged to a hospice facility.

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'470871'	Mercy Hospital - MT. Shasta	1/1/2011	6/30/2011	Other Procedure	Exception	Per facility they very rarely do Other Procedures on SN as they discharge to acute or outpatient for this procedure.
'410852'	Mills-Peninsula Medical Center	1/1/2011	6/30/2011	Principal E-Code	Exception	Per facility E Codes were previously reported.
'410852'	Mills-Peninsula Medical Center	1/1/2011	6/30/2011	Sex	Exception	Per facility high number of "Other Sex" correct. They have many sex changes due to a doctor specializing in this procedure.
'190681'	Miracle Mile Medical Center	1/1/2011	6/30/2011	Source of Admission Site	Exception	Per facility the data is correct; all patients this reporting period came from home.
'190681'	Miracle Mile Medical Center	1/1/2010	12/31/2011	Type of Admission	Exception	Per facility, they always get 100% Scheduled patients. The data is accurate.
'190552'	Motion Picture & Television Hospital	1/1/2011	6/30/2011	Other Procedure	Exception	Per facility low number of procedures reported is correct. If any other procedures are needed they are transferred to a facility that offers those services.
'301304'	Newport Bay Hospital	1/1/2011	6/30/2011	Expected Source of Payment	Exception	Per facility contact, 100% same plan coverage ok. All are Health Plan of America.
'301304'	Newport Bay Hospital	1/1/2011	6/30/2011	Other Procedure	Exception	Per facility contact, they do not perform procedures of any kind.
'301304'	Newport Bay Hospital	1/1/2011	6/30/2011	Principal Procedure	Exception	Per facility contact, they do not perform procedures of any kind.
'301304'	Newport Bay Hospital	7/1/2009	12/31/2011	Type of Admission	Exception	Per facility, they always get scheduled admits. The data is accurate.
'301357'	Newport Specialty Hospital	1/1/2011	6/30/2011	Other Procedure	Exception	Per facility they have verified that they had no procedures for patients in Skilled Nursing this report period.

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'514033'	North Valley Behavioral Health	1/1/2011	6/30/2011	Expected Source of Payment Payer Category	Exception	Per facility contact, the source for the payment "Other Government" is from funding by the state, allocations to each county for mental health services. Each county that contracts with the facility pays for a certain number of beds and bed days, and then each county approves each admission.
'514033'	North Valley Behavioral Health	1/1/2011	6/30/2011	Other Procedure	Exception	Per facility contact: there are no procedures performed here, if needed the patient is discharged to Rideout Memorial and readmitted back to this facility.
'514033'	North Valley Behavioral Health	1/1/2011	6/30/2011	Principal Procedure	Exception	Per facility contact: there are no procedures performed here, if needed the patient is discharged to Rideout Memorial and readmitted back to this facility.
'514033'	North Valley Behavioral Health	1/1/2011	6/30/2011	Type of Admission	Exception	Per facility contact, all admissions are unscheduled.
'484028'	NORTH VALLEY-SOLANO COUNTY P.H.F.	1/1/2011	1/6/2011	Other Diagnosis Present on Admission	Exception	This facility has closed and only had 4 patients this reporting period, they had no other diagnosis.
'484028'	NORTH VALLEY-SOLANO COUNTY P.H.F.	1/1/2011	1/6/2011	Principal Language Spoken	Exception	This facility has closed and only had 4 patients this reporting period
'484028'	NORTH VALLEY-SOLANO COUNTY P.H.F.	1/1/2011	1/6/2011	Race	Exception	This facility has closed and only had 4 patients in this time frame.
'484028'	NORTH VALLEY-SOLANO COUNTY P.H.F.	1/1/2011	1/6/2011	Source of Admission Site	Exception	This facility has closed and only had 4 patients this reporting period; all 4 came from home.

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'484028'	NORTH VALLEY-SOLANO COUNTY P.H.F.	1/1/2011	1/6/2011	Type of Admission	Exception	This facility has closed and only had 4 patients this reporting period
'454012'	Northern California Rehab. Hospital	1/1/2011	6/30/2011	Principal Language Spoken	Exception	Facility has verified all patients this reporting period spoke English.
'454012'	Northern California Rehab. Hospital	1/1/2011	6/30/2011	Type of Admission	Exception	Per facility this is correct and has been verified, all admissions are scheduled and from acute hospitals.
'141273'	Northern Inyo Hospital	1/1/2011	6/30/2011	Other Procedure	Exception	Per facility there were 5 swing beds TOC 3 (SNF) and each record was reviewed and no other procedures were found.
'334457'	Oasis Psychiatric Health Facility	1/1/2011	6/30/2011	Expected Source of Payment	Exception	Per facility contact Expected Source of Payment has been verified and is correct as reported. 100% of the payment source is from Indigent Programs as they function under a County contract. No one admitted is insured.
'334457'	Oasis Psychiatric Health Facility	1/1/2011	6/30/2011	Other Diagnosis Present on Admission	Exception	Per facility contact Other Diagnosis Present On Admission: Yes has been verified and is correct as reported. 100% of the diagnoses are Present On Admission and diagnoses are made on admission.
'334457'	Oasis Psychiatric Health Facility	1/1/2011	6/30/2011	Source of Admission Site	Exception	Per facility contact Type of Admission has been verified and is correct as reported. 100% of the admissions are from Home-Unscheduled; admissions are from an Emergency services facility after medically clearing the patient.
'334457'	Oasis Psychiatric Health Facility	1/1/2011	6/30/2011	Type of Admission	Exception	Per facility contact, all admissions are scheduled.

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'430837'	O'Connor Hospital	1/1/2011	6/30/2011	Total Charges	Exception	Per facility contact, their charges for newborns are over \$2,500 per day. Their Well Baby rate is \$2,792.00 per day, with lab and other tests required for newborns, the rate on a well baby is over \$2,500. Their level 3 care is \$9,930.00 for NICU patients. The data has been review and is accurate as reported.
'560838'	Pacific Shores Hospital	1/1/2011	6/30/2011	Ethnicity	Exception	Per facility contact, 100% Non-Hispanic Ethnicity is correct. All records were reviewed.
'560838'	Pacific Shores Hospital	1/1/2011	6/30/2011	Other Procedure	Exception	Per facility contact, they do not perform any type of procedures. If needed, the patient is discharged to another facility.
'560838'	Pacific Shores Hospital	1/1/2011	6/30/2011	Principal Procedure	Exception	Per facility contact, they do not perform any type of procedures. If needed, the patient is discharged to another facility.
'560838'	Pacific Shores Hospital	1/1/2011	6/30/2011	Type of Admission	Exception	Per facility contact, all admissions are scheduled.
'190696'	Pacifica Hospital of the Valley	1/1/2011	6/30/2011	Other Procedure	Exception	Per facility patients in SN/IC Care and Psychiatric Care that require procedures are discharged to acute care and then re admitted after the procedures have been performed.
'190696'	Pacifica Hospital of the Valley	1/1/2011	6/30/2011	Other Procedure	Exception	Per facility patients in SN/IC Care and Psychiatric Care that require procedures are discharged to acute care and then re admitted after the procedures have been performed.
'370755'	Palomar Medical Center	1/1/2011	6/30/2011	Other Procedure	Exception	Per Natalie they do no other procedures on SN, they transfer to acute within their own facility and the readmit to SN upon completion of the procedure.

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'370759'	Paradise Valley Hospital	1/1/2011	6/30/2011	ZIP Code	Exception	Per facility, the 10% Foreign patients reported is accurate as the facility is at the Tijuana, Mexico border.
'454013'	Patient's Hospital of Redding	1/1/2011	6/30/2011	Prehospital Care and Resuscitation	Exception	Per facility contact, they are primarily admitting patients for elective surgeries. Most patients are healthy upon admission.
'454013'	Patient's Hospital of Redding	1/1/2011	6/30/2011	Principal Language Spoken	Exception	Per facility contact all patients were English speaking.
'454013'	Patient's Hospital of Redding	1/1/2011	6/30/2011	Source of Admission	Exception	Per facility contact, all admissions were from home.
'370977'	Pomerado Hospital	1/1/2011	6/30/2011	Other Procedure	Exception	Per facility patients in SN/IC Care and Psychiatric Care that require procedures are discharged to acute care and then re admitted after the procedures have been performed.
'190470'	Providence Little Company of Mary MC - Torrance	1/1/2010	12/31/2011	Other Procedure	Exception	This facility does no other procedures on SN cases; they are discharged then readmitted for treatment.
'370673'	Rady Children's Hospital - San Diego	1/1/2011	6/30/2011	Other Procedure	Exception	Per facility, medical records review confirms that no other procedures were performed on any of the 59 Skilled Nursing records.
'370673'	Rady Children's Hospital - San Diego	1/1/2011	6/30/2011	Principal E-Code	Exception	Per facility this is a children's hospital and they are often the second episode of care for many patients.
'331226'	Riverside Center for Behavioral Medicine	1/1/2011	6/30/2011	Other Procedure	Exception	Confirmed that facility sends patients to other facilities for procedures.
'331226'	Riverside Center for Behavioral Medicine	1/1/2011	6/30/2011	Principal Procedure	Exception	Confirmed that facility sends patients to other facilities for procedures.

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'331226'	Riverside Center for Behavioral Medicine	1/1/2011	6/30/2011	Type of Admission	Exception	Confirmed that facility determines admission less than 24 hours in advance.
'344011'	Sacramento County Mental Health Treatment Center	1/1/2011	6/30/2011	Expected Source of Payment	Exception	Per facility the data is correct; payment comes from either the jail or write offs as this facility are indigent and do not have funding.
'344011'	Sacramento County Mental Health Treatment Center	1/1/2011	6/30/2011	Other Procedure	Exception	Per facility; this is a Psychiatric facility and if procedures are needed the patient is discharged to an acute facility.
'344011'	Sacramento County Mental Health Treatment Center	1/1/2011	6/30/2011	Principal Diagnosis Present on Admission	Exception	Per facility; this is a Psychiatric facility and all patients are seen first in other hospital's Emergency Rooms. Any diagnosis would be listed in the record of the other facility.
'344011'	Sacramento County Mental Health Treatment Center	1/1/2011	6/30/2011	Source of Admission Site	Exception	Per facility; this facility has a lot of admissions from other facilities Emergency Room.
'344011'	Sacramento County Mental Health Treatment Center	1/1/2011	6/30/2011	Type of Admission	Exception	Per facility; this is a Psychiatric facility and all patients are seen first in other hospital's Emergency Rooms and are unscheduled admissions.
'374055'	San Diego County Psychiatric Hospital	1/1/2011	6/30/2011	Other Procedure	Exception	Per facility the data is correct as reported, if a patient needs a procedure they will be discharged to another facility for those services.
'374055'	San Diego County Psychiatric Hospital	1/1/2010	12/31/2011	Other Procedure	Exception	Per facility they do not do other procedures on patients, if need be they are sent out.
'374055'	San Diego County Psychiatric Hospital	1/1/2010	12/31/2011	Principal Procedure	Exception	Per facility they do not do procedures on patients, if need be they are sent out.
'374055'	San Diego County Psychiatric Hospital	1/1/2011	6/30/2011	ZIP Code	Exception	Per facility they are in an area with a high homeless population.

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Facility Number	Facility Name	Start Date	End Date	Data Element	Type	Notes
'374084'	San Diego Hospice & Palliative Care Center	1/1/2011	6/30/2011	Other Diagnosis Present on Admission	Exception	Per facility it is very rare that this would ever be reported as a No; facility is a hospice care facility.
'374084'	San Diego Hospice & Palliative Care Center	1/1/2010	12/31/2011	Prehospital Care and Resuscitation	Exception	This is a hospice facility that only has patients with DNR in place. Per facility : The data submitted for the first half of 2010 indicating 100% "Yes" for the DNR order being written at the time of admission is correct. Our facility is a Specialty Hospital and patients are admitted to the inpatient unit with the understanding that resuscitative measures are not provided. A DNR order is written for all patients at the time of admission.
'374084'	San Diego Hospice & Palliative Care Center	1/1/2011	6/30/2011	Type of Admission	Exception	Per facility they do not schedule admissions; this is a hospice facility and patients are admitted due to pain and/or symptom exacerbation and facilitated quickly.
'190200'	San Gabriel Valley Medical Center	1/1/2011	6/30/2011	Other Procedure	Exception	Per facility contact, they only had two Psychiatric patients and neither had a procedure this report period.
'331326'	San Geronio Memorial Hospital	1/1/2011	6/30/2011	Other Procedure	Exception	Per facility this is correct as reported, no procedures on SN/IC patients have been done this reporting period.
'394003'	San Joaquin County Mental Health - P.H.F	1/1/2011	6/30/2011	Other Diagnosis Present on Admission	Exception	Per facility contact, clients do not develop other diagnosis after admission.
'394003'	San Joaquin County Mental Health - P.H.F	1/1/2011	6/30/2011	Other Procedure	Exception	Per facility contact, they do not perform procedures on their patients if needed, they are discharged to another facility.

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'394003'	San Joaquin County Mental Health - P.H.F	1/1/2011	6/30/2011	Type of Admission	Exception	Per facility contact, all clients are scheduled.
'394003'	San Joaquin County Mental Health - P.H.F	1/1/2011	6/30/2011	ZIP Code	Exception	Per facility contact, they have a large population of homeless patients.
'391010'	San Joaquin General Hospital	1/1/2011	6/30/2011	Total Charges	Exception	Per facility contact, facility charges \$2950 for newborns and with hearing tests, security pictures, hep vaccinations etc. total charges are above \$3, 200.00.
'404046'	San Luis Obispo County Behavioral Health Services-PHF	1/1/2011	6/30/2011	Type of Admission	Exception	All of the admissions to the PHF are unscheduled.
'410782'	San Mateo Medical Center	1/1/2011	6/30/2011	Other Procedure	Exception	Per facility they had no Other Procedures; if a procedure is needed they transfer to their Acute Care.
'424002'	Santa Barbara Psychiatric Health Facility	1/1/2011	6/30/2011	Other Diagnosis Present on Admission	Exception	Per facility the data is correct, all 218 patients had other diagnosis present on admission.
'424002'	Santa Barbara Psychiatric Health Facility	1/1/2011	6/30/2011	Other Procedure	Exception	Per facility any medical procedures would be performed at Cottager Hospital.
'424002'	Santa Barbara Psychiatric Health Facility	1/1/2011	6/30/2011	Principal Procedure	Exception	Per facility any medical procedures would be performed at Cottager Hospital.
'371256'	Scripps Green Hospital	1/1/2011	6/30/2011	Source of Admission Site	Exception	Per facility admission Other is larger due to their lack of an ER; these admissions come from other facilities ER.
'124004'	Sempervirens - P.H.F.	1/1/2010	12/31/2011	Type of Admission	Exception	Facility states "as an acute psychiatric facility, admission are not normally scheduled 24 hours in advance." All unscheduled is reported accurately.

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'410891'	Sequoia Hospital	1/1/2011	6/30/2011	Other Procedure	Exception	Per facility - they have confirmed no other procedures reported on their Psychiatric patients is correct. All procedures are done in their acute care setting.
'410828'	Seton Medical Center - Coastside	1/1/2011	6/30/2011	Other Diagnosis Present on Admission	Exception	Per facility, the data is accurate as they get a lot of long-term patients who get plenty of additional diagnoses during their stay after admission.
'370875'	Sharp Chula Vista Medical Center	1/1/2011	6/30/2011	Other Procedure	Exception	Per facility contact, they do not perform procedures on SNIC patients. Their policy is to discharge from SNIC to Acute and then readmit back to SNIC.
'370745'	Sharp Mesa Vista Hospital	1/1/2011	6/30/2011	Source of Admission Site	Exception	Per facility data is accurate; Sharp does not have an ER.
'374049'	Sharp Vista Pacifica	1/1/2011	6/30/2011	Principal Language Spoken	Exception	Per facility all patients for this reporting period are English speaking.
'374049'	Sharp Vista Pacifica	1/1/2011	6/30/2011	Type of Admission	Exception	Per facility all admits are voluntary, elective, and scheduled.
'342392'	Sierra Vista Hospital	1/1/2011	6/30/2011	Type of Admission	Exception	This facility does not have an emergency room and they are always unscheduled.
'190661'	Silver Lake Medical Center - Downtown Campus	1/1/2011	6/30/2011	Source of Admission Site	Exception	Per facility contact Source of Admission has been verified and is correct as reported. Admit Source Other is correct, these patients were transferred from other hospital's emergency departments.
'190410'	Silver Lake Medical Center - Ingleside Campus	1/1/2011	6/30/2011	ZIP Code	Exception	Unknown were the result of patients who did not know their address at the time of admission and staff was unable to obtain further information.

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'521041'	St. Elizabeth Community Hospital	1/1/2011	6/30/2011	Other Procedure	Exception	Facility contact verified procedures are not performed on swing bed patients (SN) at their facility, they are transferred to either outpatient or inpatient status for the procedure.
'190754'	St. Francis Medical Center	1/1/2011	6/30/2011	Other Procedure	Exception	Per facility they do not perform procedures on SN and Psyc patients. The data is correct, reports have been verified to make sure there were no procedures.
'380960'	St. Francis Memorial Hospital	1/1/2011	6/30/2011	Expected Source of Payment	Exception	Per facility contact, they have expanded their County Indigent program resulting in more enrollees.
'380960'	St. Francis Memorial Hospital	1/1/2011	6/30/2011	ZIP Code	Exception	Per facility contact, they had a high number of International and homeless patients with unknown Zip Codes this reporting period.
'281078'	St. Helena Hospital	1/1/2011	6/30/2011	Source of Admission	Exception	Facility contact verified many of their admissions are from other ER's as well as psych units.
'171049'	St. Helena Hospital - Clearlake	1/1/2011	6/30/2011	Other Procedure	Exception	Facility states they discharge to their Acute if any significant procedures must be performed.
'171049'	St. Helena Hospital - Clearlake	1/1/2011	6/30/2011	Total Charges	Exception	Facility verified the charges for the 69 records and stated they have high newborn charges with a well-baby rate starting at \$3080 which typically exceeds \$3200 with tests.
'481015'	St. Helena Hospital Center for Behavioral Health	1/1/2011	6/30/2011	Other Procedure	Exception	Per facility, they transfer psych patients to another hospital's ER for procedures if needed.
'481015'	St. Helena Hospital Center for Behavioral Health	1/1/2011	6/30/2011	Source of Admission Site	Exception	Source of Admission (99% Other) Per facility, they are getting almost all patients from another hospital's ED.

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Facility Number	Facility Name	Start Date	End Date	Data Element	Type	Notes
'481015'	St. Helena Hospital Center for Behavioral Health	1/1/2011	6/30/2011	Type of Admission	Exception	Type of Admission (100% Unscheduled) Per facility, the data is accurate as they get almost all patients from another hospital's ED and those from home were not scheduled.
'392232'	St. Joseph's Behavioral Health Center	1/1/2011	6/30/2011	Source of Admission	Exception	This facility has a large amount of admissions from other facility's ERs.
'392232'	St. Joseph's Behavioral Health Center	1/1/2011	6/30/2011	Type of Admission	Exception	Per facility this is correct, all patients are unscheduled because they are an acute care psychiatric facility.
'194967'	Star View Adolescent - P.H.F.	1/1/2011	6/30/2011	Expected Source of Payment	Exception	Per facility contact, they have a contract with Dept of Mental Health therefore all payments are from one source.
'194967'	Star View Adolescent - P.H.F.	1/1/2011	6/30/2011	Other Diagnosis Present on Admission	Exception	Per facility contact, all diagnosis were present on admission.
'194967'	Star View Adolescent - P.H.F.	1/1/2011	6/30/2011	Other Procedure	Exception	Per facility contact, they do not perform procedures, if patient is in need of a procedure they are sent to another facility.
'194967'	Star View Adolescent - P.H.F.	1/1/2011	6/30/2011	Type of Admission	Exception	Per facility contact, all patients are scheduled.
'250955'	Surprise Valley Community Hospital	1/1/2011	6/30/2011	Other Diagnosis Present on Admission	Exception	(Small facility) Per facility this is correct as reported; all 13 patients were verified to indicate other diagnosis present.
'250955'	Surprise Valley Community Hospital	1/1/2011	6/30/2011	Principal Language Spoken	Exception	(Small facility) Per facility this is correct as reported; all 13 patients were verified to be English speaking.
'250955'	Surprise Valley Community Hospital	1/1/2011	6/30/2011	Race	Exception	(Small facility) Per facility this is correct as reported; all 13 patients are White Non-Hispanic.

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'344017'	Sutter Center for Psychiatry	7/1/2009	12/31/2011	Source of Admission	Exception	SOA (100% Home) Per facility, they only get patients coming in from Home.
'344017'	Sutter Center for Psychiatry	1/1/2011	6/30/2011	Type of Admission	Exception	Per facility this is a psyc facility and the admissions are not scheduled. The patients come in themselves or are brought in by family members for assessment.
'574010'	Sutter Davis Hospital	1/1/2011	6/30/2011	Principal E-Code Present on Admission	Exception	Per facility contact, the e-codes for all 26 records were reported at another hospital.
'341051'	Sutter General Hospital	1/1/2011	6/30/2011	Other Procedure	Exception	Per facility the information is accurate; they transfer any SN/ICF patients that need procedures and readmit after complete.
'171395'	Sutter Lakeside Hospital	1/1/2011	6/30/2011	Other Procedure	Exception	Facility contact verified that there were no procedures performed on SNIC this report period.
'444012'	Sutter Maternity & Surgery Center	1/1/2011	6/30/2011	Other E-Code Present on Admission	Exception	Facility contact verified data is accurate as reported all records were reviewed.
'444012'	Sutter Maternity & Surgery Center	1/1/2011	6/30/2011	Prehospital Care and Resuscitation	Exception	Facility contact verified they do have critically ill patients.
'514030'	Sutter Surgical Hospital - North Valley	1/1/2011	6/30/2011	Prehospital Care and Resuscitation	Exception	Per facility contact, data has been verified patients with Acute TOC do not have a DNR on file.
'514030'	Sutter Surgical Hospital - North Valley	1/1/2011	6/30/2011	Principal E-Code	Exception	Per facility contact, all 8 patients were seen at another hospitals ER.
'514030'	Sutter Surgical Hospital - North Valley	1/1/2011	6/30/2011	Type of Admission	Exception	Per facility contact, all patients were scheduled admits.

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'514001'	Sutter-Yuba - P.H.F.	7/1/2010	12/31/2011	Other Procedure	Exception	Per facility contact, they do not perform any type of procedure as they are not a medical hospital. If a procedure is needed, that patient is sent to another facility.
'190782'	Tarzana Treatment Center	1/1/2010	12/31/2011	Other Procedure	Exception	Facility contact verified they do not perform procedures, they only perform drug and alcohol treatment.
'014207'	Telecare Heritage Psychiatric Health Facility	1/1/2011	6/30/2011	Expected Source of Payment Type of Coverage	Exception	Facility contact states, Plan Code is always HMO for Kaiser patients because we have a contract with them. 100% for one plan code is correct.
'014207'	Telecare Heritage Psychiatric Health Facility	1/1/2011	6/30/2011	Other Diagnoses	Exception	Facility contact states, the Other Diagnoses is medical and is always from the E.R. from where the patient is sent to us.
'014207'	Telecare Heritage Psychiatric Health Facility	1/1/2011	6/30/2011	Other Procedure	Exception	Facility contact states, the patient has to have a Psychiatric diagnosis for our hospital to admit them.
'014207'	Telecare Heritage Psychiatric Health Facility	1/1/2011	6/30/2011	Source of Admission	Exception	Facility contact states, reported the data and it best fits to report as being Other by the guidelines from OSHPD.
'014207'	Telecare Heritage Psychiatric Health Facility	1/1/2011	6/30/2011	Type of Admission	Exception	Facility contact states, all their admits are unscheduled.
'314029'	Telecare Placer Co. P.H.F.	7/1/2007	12/31/2012	Type of Admission	Exception	Per facility, the data is correct and they always have 100% Unscheduled admits.
'014226'	Telecare Willow Rock Center	1/1/2011	6/30/2011	Expected Source of Payment	Exception	Per facility all of the HMO patients were Kaiser.

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'014226'	Telecare Willow Rock Center	1/1/2011	6/30/2011	Other Procedure	Exception	The business practice is to only do diagnostic procedures, all other procedures would be discharged to other acute facilities.
'014226'	Telecare Willow Rock Center	1/1/2011	6/30/2011	Source of Admission Site	Exception	Per facility all 127 in this edit came from Kaiser's ER.
'014226'	Telecare Willow Rock Center	1/1/2011	6/30/2011	Type of Admission	Exception	Per facility Seneca triages all admission to Willow Rock; all coming into Willow Rock are Unscheduled.
'010782'	Thunder Road Chemical Depndcy Rcvry Hosp	1/1/2011	6/30/2011	Principal Language Spoken	Exception	They said that all of their 63 patients PLS was English.
'010782'	Thunder Road Chemical Depndcy Rcvry Hosp	1/1/2011	6/30/2011	Principal Procedure	Exception	They said that they do not do procedures there and when a procedure is needed, they discharge the patient to acute care at another facility and readmit them later. No principal procedures is accurate.
'010782'	Thunder Road Chemical Depndcy Rcvry Hosp	1/1/2011	6/30/2011	Type of Admission	Exception	They verified that their placement agency schedules all their patients prior to admission. The 100% scheduled admissions data is accurate.
'191225'	Tom Redgate Memorial Recovery Center	1/1/2011	6/30/2011	Expected Source of Payment	Exception	Per facility the data is correct as reported, facility is a non profit county state and federal subsidized chemical dependency hospital. All payers fall under the same category as other government payment source.
'191225'	Tom Redgate Memorial Recovery Center	1/1/2011	6/30/2011	Other E-Code Present on Admission	Exception	Per facility the data is correct; all E Codes occurred while in the facility and not present on admission.

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'191225'	Tom Redgate Memorial Recovery Center	1/1/2011	6/30/2011	Principal E-Code Present on Admission	Exception	Per facility; all E Codes occurred while in the facility and not present on admission.
'191225'	Tom Redgate Memorial Recovery Center	1/1/2011	6/30/2011	Source of Admission Site	Exception	Per facility due to budget cuts the contract which referred clients from other locations is no longer in force; now 100% of patients do come from home.
'191225'	Tom Redgate Memorial Recovery Center	1/1/2011	6/30/2011	ZIP Code	Exception	Per facility they are a county subsidized chemical dependency hospital accepts indigent clients, many patients are homeless.
'531059'	Trinity General Hospital	1/1/2011	6/30/2011	Ethnicity	Exception	Per facility they are a small facility and not very diversified county,
'531059'	Trinity General Hospital	1/1/2011	6/30/2011	Principal Language Spoken	Exception	Verified 100% English is correct, this is a small facility and not a diversified county.
'551061'	Tuolumne General Medical Facility	1/1/2011	6/30/2011	Expected Source of Payment	Exception	It has been verified all 11 patients are Medi-Cal patients.
'551061'	Tuolumne General Medical Facility	1/1/2011	6/30/2011	Other Procedure	Exception	No other procedures were performed on these 11 long term patients. If any procedures are needed the patients are discharged and sent to an acute care facility.
'551061'	Tuolumne General Medical Facility	1/1/2011	6/30/2011	Prehospital Care and Resuscitation	Exception	Per facility these 11 patients all had a DNR in place, these are long term care patients.
'551061'	Tuolumne General Medical Facility	1/1/2011	6/30/2011	Principal Language Spoken	Exception	Per facility these 11 patients are all English speaking patients. This has been verified by the admissions dept.

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'551061'	Tuolumne General Medical Facility	1/1/2011	6/30/2011	Principal Procedure	Exception	These patients are long term care SN patients, if a procedure is required they are discharged and readmitted.
'551061'	Tuolumne General Medical Facility	1/1/2011	6/30/2011	Principal Procedure	Exception	These patients are long term care SN patients, if a procedure is required they are discharged and readmitted.
'551061'	Tuolumne General Medical Facility	1/1/2011	6/30/2011	Race	Exception	Per facility they had only 11 patients and all were verified before entering facility, they are all White.
'400548'	Twin Cities Community Hospital	1/1/2011	6/30/2011	Total Charges	Exception	Per facility contact, all accounts have been reviewed. The total Charges over \$3200 belong to the newborns and all the coding is present and accurate. The charges for these newborns include those for tests such as Coombs, bilirubin, ABO/RHO incompatibility and procedures such as hearing screens and Hep B vaccinations.
'341006'	U.C. Davis Medical Center	1/1/2011	6/30/2011	Principal Procedure	Exception	Facility contact verified they are no longer coding diagnostic procedures such as cat cans, x-rays and MRIs.
'381154'	U.C.S.F. Medical Center	1/1/2011	6/30/2011	Source of Admission Site	Exception	(Admission Source Other) Per facility this is correct; most of the Other are transfers from other facilities EDs.
'191216'	USC Kenneth Norris, Jr. Cancer Hospital	1/1/2011	6/30/2011	Other Diagnosis Present on Admission	Exception	(Small Facility 2 discharges) Facility contact verified by reviewing both charts, data submitted is accurate as reported.
'191216'	USC Kenneth Norris, Jr. Cancer Hospital	1/1/2011	6/30/2011	Principal Language Spoken	Exception	(Small Facility 2 discharges) Facility contact verified by reviewing both charts, data submitted is accurate as reported.

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'191216'	USC Kenneth Norris, Jr. Cancer Hospital	1/1/2011	6/30/2011	Race	Exception	(Small Facility 2 discharges) Facility contact verified by reviewing both charts, data submitted is accurate as reported.
'191216'	USC Kenneth Norris, Jr. Cancer Hospital	1/1/2011	6/30/2011	Source of Admission	Exception	(Small Facility 2 discharges) Facility contact verified by reviewing both charts, data submitted is accurate as reported.
'191216'	USC Kenneth Norris, Jr. Cancer Hospital	1/1/2011	6/30/2011	Type of Admission	Exception	(Small Facility 2 discharges) Facility contact verified by reviewing both charts, data submitted is accurate as reported.
'560481'	Ventura County Medical Center	1/1/2011	6/30/2011	Other Procedure	Exception	Per facility they discharge to acute if a procedure is required on their Psychiatric patients.
'560481'	Ventura County Medical Center	1/1/2011	6/30/2011	Principal Language Spoken	Exception	Per facility all of these are MIXTECO and are reported correctly.
'301188'	Western Medical Center-Anaheim	1/1/2011	6/30/2011	Source of Admission Site	Exception	Per facility contact the change in "Other" is due to an increase in the transfers to the facility from another hospital's Emergency Room.
'190017'	Alhambra Hospital Medical Center	7/1/2011	12/31/2011	Race (Race Portion Only)	Exception	The majority of these patients were Hispanics in Ethnicity but refused to be identified as White, Black, Native American, Asian, or others.
'190017'	Alhambra Hospital Medical Center	7/1/2011	12/31/2011	Source of Admission	Exception	These cases are from emergency rooms of another hospital and a new contract with Allied Physicians Group.
'370749'	Alvarado Parkway Institute B.H.S.	7/1/2011	12/31/2011	ZIP Code	Exception	Per contact, all patients in question are homeless.
'194010'	American Recovery Center	7/1/2011	12/31/2011	ZIP Code	Exception	Per contact, they reviewed the custom report and all clients were homeless patients.

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Facility Number	Facility Name	Start Date	End Date	Data Element	Type	Notes
'301097'	Anaheim General Hospital	7/1/2011	12/31/2011	Other Procedure	Exception	Facility does not perform other procedures on their SNIC or Psychiatric patients. If a patient needs a procedure, they are discharged to another facility.
'301097'	Anaheim General Hospital	7/1/2011	12/31/2011	Prehospital Care and Resuscitation	Exception	Facility states none of their SNIC patients had a DNR written within 24 hours of admission.
'190163'	Aurora Charter Oak	7/1/2011	12/31/2011	Source of Admission	Exception	Per facility contact, they receive a high number of their patients from other facilities ER's.
'190163'	Aurora Charter Oak	7/1/2011	12/31/2011	Type of Admission	Exception	Per facility contact, patients are always unscheduled for admission as this is a Psychiatric facility.
'190462'	Aurora Las Encinas Hospital	1/1/2010	12/31/2011	Other Procedure	Exception	Facility states they are "an acute psychiatric hospital and the only procedure code we use is for detoxification. When a patient is injured. . .it is policy to transfer to a Medical ER."
'190462'	Aurora Las Encinas Hospital	1/1/2010	12/31/2011	Type of Admission	Exception	Facility states they are an acute psychiatric hospital and "we accommodate patients on a first-come, first-served basis." These admission do not fall under the definition of "scheduled".
'374024'	Aurora San Diego	7/1/2011	12/31/2011	Other Procedure	Exception	The data is correct as reported, if a procedure is required on the Psychiatric patient they are sent to acute and readmitted when they get back.
'374024'	Aurora San Diego	7/1/2011	12/31/2011	Principal Language Spoken	Exception	The data is reported correctly, records all show to be English speaking patients.
'374024'	Aurora San Diego	7/1/2011	12/31/2011	Type of Admission	Exception	The data is reported accurately, all admissions are unscheduled for this facility.

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Facility Number	Facility Name	Start Date	End Date	Data Element	Type	Notes
'560203'	Aurora Vista Del Mar Hospital	7/1/2011	12/31/2011	Other Procedure	Exception	Facility contact verified they do not perform other procedures on psych patients. If a procedure is needed the patient is discharged and admitted to a medical hospital.
'364121'	Ballard Rehabilitation Hosp	7/1/2011	12/31/2011	Other E-Code Present on Admission	Exception	All occurrences are reported at the acute hospital prior to admission at this rehabilitation facility.
'364121'	Ballard Rehabilitation Hosp	7/1/2011	12/31/2011	Principal E-Code Present on Admission	Exception	All occurrences are reported at the acute hospital prior to admission at this rehabilitation facility.
'364121'	Ballard Rehabilitation Hosp	7/1/2011	12/31/2011	Type of Admission	Exception	The data is correct as reported, all admits are scheduled, all patients are pre-screened prior to admission.
'190052'	Barlow Hospital	1/1/2010	12/31/2011	Type of Admission	Exception	Facility contact states, "their kind of business is that they get patients straight from Acute hospitals always arranged 24 in advance".
'361110'	Bear Valley Community Hospital	7/1/2011	12/31/2011	Other Procedure	Exception	Facility states they do not perform significant procedures on SN/IC patients. They become Acute patients when necessary.
'330120'	Betty Ford Center of Eisenhower, The	7/1/2011	12/31/2011	Principal Language Spoken	Exception	The data is correct as reported, all patients are English speaking.
'330120'	Betty Ford Center of Eisenhower, The	7/1/2011	12/31/2011	Source of Admission	Exception	The data is correct as reported, this has been confirmed with the director of admissions.

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'190081'	Beverly Hospital	7/1/2011	12/31/2011	Principal Procedure	Exception	The data is verified to be correct. A doctor had left the facility and a new one is being hired, facility requested that the current reporting period be turned off as they expect the next report period to return to normal with the addition of a new doctor.
'190020'	BHC Alhambra Hospital	1/1/2010	12/31/2011	Other Procedure	Exception	Per facility contact, they do not do other procedures, if needed patient is discharged out.
'190020'	BHC Alhambra Hospital	1/1/2010	12/31/2011	Type of Admission	Exception	Per facility contact, all their admits are scheduled.
'040802'	Biggs-Gridley Memorial Hospital	1/1/2010	12/31/2011	Other Procedure	Exception	The data has been reviewed for accuracy, they do not do procedures on SNF patients.
'190110'	Brotman Medical Center	7/1/2011	12/31/2011	Source of Admission Licensure of Site	Exception	Per facility contact, they have a new business practice and have negotiated more contracts that have increased the overall volume and average daily census of the hospital. They are getting more patients admitted to their Behavioral Health Unit and Miracle Detoxification Units.
'044006'	Butte County Mental Health - P.H.F.	7/1/2011	12/31/2011	Other Procedure	Exception	The data is correct as reported, this is a psychiatric facility and no medical procedures are performed. If the client requires medical attention they are transferred to a medical hospital.
'364050'	Canyon Ridge Hospital	7/1/2011	12/31/2011	Other E-Code Present on Admission	Exception	Per facility they have No Other E-Codes POA as they are not treating patients for medical issues, they are a psych facility.

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'364050'	Canyon Ridge Hospital	7/1/2011	12/31/2011	Other Procedure	Exception	Facility contact states, Canyon Ridge Hospital is a psychiatric facility. If a patient needs medical procedures they would be transferred to an acute medical hospital.
'364050'	Canyon Ridge Hospital	7/1/2011	12/31/2011	Principal Diagnosis Present on Admission	Exception	Per facility this is a Psych facility and are not being treated for medical reasons and have no E Codes POA.
'364050'	Canyon Ridge Hospital	7/1/2011	12/31/2011	Source of Admission	Exception	Per facility - patients coming from other hospital ER were not being reported correctly for past data. They were being reported as coming from Home and should have been coming from another hospital. Data for the July - December 2011 reporting period are correct as reported.
'190137'	Casa Colina Hosp for Rehab Medicine	7/1/2011	12/31/2011	Principal Procedure	Exception	Per facility contact, they do not perform surgical procedures; they take inpatients from acute care facilities and provide rehabilitation services (physical therapy, occupation therapy, and speech therapy).
'160787'	Central Valley General Hospital	7/1/2011	12/31/2011	Other E-Code Present on Admission	Exception	This data is correct, E-Codes are not present on admission due to the type of care this facility provides (moms and babies).
'160787'	Central Valley General Hospital	7/1/2011	12/31/2011	Prehospital Care and Resuscitation	Exception	This data is accurate, facility is for moms and newborns which would not get DNR information.
'160787'	Central Valley General Hospital	7/1/2011	12/31/2011	Principal E-Code Present on Admission	Exception	This facility is for moms and babies, any E-Codes incurred would be after admission.

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'010776'	Children's Hospital & Research Center at Oakland	7/1/2011	12/31/2011	Source of Admission Site	Exception	Facility confirmed these are admissions from other facilities' EDs.
'304113'	Children's Hospital at Mission	7/1/2011	12/31/2011	Prehospital Care and Resuscitation	Exception	This data is correct, facility is a children's hospital and they rarely have DNR patients upon admission.
'204019'	Children's Hospital Central California	7/1/2011	12/31/2011	Prehospital Care and Resuscitation	Exception	The data is accurate as reported, this is a pediatric hospital and not expected to have DNR's.
'434051'	Children's Recovery Ctr. of NO. Calif	7/1/2011	12/31/2011	Source of Admission	Exception	Per facility contact, all patients were transferred to them from an acute hospital.
'434051'	Children's Recovery Ctr. of NO. Calif	7/1/2011	12/31/2011	Total Number of Records	Exception	(Small facility). Facility contact verified they had 10 discharges this report period.
'434051'	Children's Recovery Ctr. of NO. Calif	7/1/2011	12/31/2011	Type of Admission	Exception	(Small facility. Per facility contact, all admissions are scheduled.
'100697'	Coalinga Regional Medical Center	7/1/2011	12/31/2011	Other Procedure	Exception	Per facility, the data is accurate. They do not do procedures in their SN care. If a patient needs a procedure, they are discharged to the ED.
'100697'	Coalinga Regional Medical Center	7/1/2011	12/31/2011	Prehospital Care and Resuscitation	Exception	Per facility, there were no DNR orders on all of their Acute care patients. The data is accurate.
'301155'	College Hospital Costa Mesa	7/1/2011	12/31/2011	Source of Admission	Exception	Per contact, it is common for the facility to have patient's admitted from emergency rooms at another hospital. A majority of their patients do come from another hospital's emergency room.

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'361458'	Colorado River Medical Center	7/1/2009	12/31/2011	Expected Source of Payment Payer Category	Exception	Facility reviewed each case to confirm it was Medicare and attributed it to winter tourism (retirees) and more people under 65 qualifying for Medicare.
'361458'	Colorado River Medical Center	7/1/2011	12/31/2011	Type of Admission	Exception	Facility confirmed all admission are unscheduled as almost all come through the ED.
'361323'	Community Hospital of San Bernardino	7/1/2011	12/31/2011	Other Procedure	Exception	Facility contact verified the remaining 9 records did not need additional procedures as these are psych patients who were treated in the facilities ED.
'160702'	Corcoran District Hospital	7/1/2011	12/31/2011	Other Procedure	Exception	The data is correct as reported, if a patient needs a procedure they are discharged and readmitted.
'160702'	Corcoran District Hospital	7/1/2011	12/31/2011	Race (Race Portion Only)	Exception	The data is correct as reported, the Prisoners refuse to state race.
'154147'	Crestwood Psychiatric Health Facility - Bakersfield	7/1/2011	12/31/2011	Expected Source of Payment Type of Coverage	Exception	Per facility contact, all eight charts are listed under the Kaiser HMO Foundation Health Plan, Inc. code.
'154147'	Crestwood Psychiatric Health Facility - Bakersfield	7/1/2010	12/31/2011	Other Procedure	Exception	Facility contact states, "the Crestwood Psychiatric Health Facility does not employ any medical procedures within its facility. If patient needs procedures, patient is discharged to another facility and readmitted.
'154147'	Crestwood Psychiatric Health Facility - Bakersfield	7/1/2010	12/31/2011	Principal Procedure	Exception	Facility contact states, the Crestwood Psychiatric Health Facility does not employ any medical procedures within its facility. If patient needs procedures, patient is discharged to another facility and readmitted.

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'154147'	Crestwood Psychiatric Health Facility - Bakersfield	7/1/2011	12/31/2011	Type of Admission	Exception	Facility states all potential clients are voluntarily admitted or are on a 5150 hold, admits are unscheduled.
'154160'	Crestwood Psychiatric Health Facility - Bakersfield 2	7/1/2009	12/31/2011	Disposition of Patient	Exception	The data is correct. More patients have needed more assisted care which has increased Residential Care and decreased Routine.
'154160'	Crestwood Psychiatric Health Facility - Bakersfield 2	7/1/2011	12/31/2011	Other Procedure	Exception	Crestwood does not do any procedures within this psychiatric facility; if any procedures are required the patient is transferred and readmitted after the procedure is complete.
'154160'	Crestwood Psychiatric Health Facility - Bakersfield 2	7/1/2011	12/31/2011	Principal Procedure	Exception	Crestwood does not do any procedures within this psychiatric facility; if any procedures are required the patient is transferred and readmitted after the procedure is complete.
'344170'	Crestwood Psychiatric Health Facility - Carmichael	7/1/2011	12/31/2011	Expected Source of Payment	Exception	Per facility contact, all patients were referred by Sacramento County whose payment source is Medi-Cal.
'344170'	Crestwood Psychiatric Health Facility - Carmichael	7/1/2011	12/31/2011	Other Diagnosis Present on Admission	Exception	Per facility contact, clients are referred from the local ER and they have a mental assessment to determine if they meet criteria for 5150 hold. A mental health/DSM-IV diagnosis is included in the referral package.
'344170'	Crestwood Psychiatric Health Facility - Carmichael	7/1/2011	12/31/2011	Other Procedure	Exception	Per facility contact, they do not perform procedures at this facility.
'344170'	Crestwood Psychiatric Health Facility - Carmichael	7/1/2011	12/31/2011	Type of Admission	Exception	Per facility contact, all patients are unscheduled.

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'104089'	Crestwood Psychiatric Health Facility - Fresno	7/1/2011	12/31/2011	Disposition of Patient	Exception	Per facility, the Patient Disposition to Other (3.9%) data is accurate and due to being transferred to other hospital's ERs for further treatment/evaluation.
'104089'	Crestwood Psychiatric Health Facility - Fresno	7/1/2011	12/31/2011	Source of Admission Licensure of Site	Exception	Per facility, the SOA Other at 88% is accurate and due to so many patients coming from ERs of other local hospitals.
'104089'	Crestwood Psychiatric Health Facility - Fresno	7/1/2011	12/31/2011	ZIP Code	Exception	Per facility, the indigent population has gone up significantly causing the unknown ZIPs to go up to 23%. The data is accurate.
'434220'	Crestwood San Jose Psychiatric Health Facility	7/1/2011	12/31/2011	Other Diagnosis Present on Admission	Exception	Per facility contact, clients are evaluated prior to admission, data submitted is accurate.
'434220'	Crestwood San Jose Psychiatric Health Facility	7/1/2011	12/31/2011	Other Procedure	Exception	Per facility contact, they are a psych facility and do not performs procedures, if client is in need of a procedure they are discharged to Santa Clara Valley Med Ctr.
'434220'	Crestwood San Jose Psychiatric Health Facility	7/1/2011	12/31/2011	Principal Procedure	Exception	Per facility contact, they are a psych facility and do not performs procedures, if client is in need of a procedure they are discharged to Santa Clara Valley Med Ctr.
'434220'	Crestwood San Jose Psychiatric Health Facility	7/1/2011	12/31/2011	Source of Admission	Exception	Per facility contact, facility opened in March 2011 therefore, their encounters continue to grow.
'434220'	Crestwood San Jose Psychiatric Health Facility	7/1/2011	12/31/2011	Type of Admission	Exception	Per facility contact, all admissions are approved for admission before they are admitted.

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'190232'	Del Amo Hospital	7/1/2011	12/31/2011	Other Procedure	Exception	The data is correct as reported; facility contact stated if a procedure is needed the patient is discharged and re-admitted after the procedure is done; there are 21 patients of this type this reporting period.
'150706'	Delano Regional Medical Center	7/1/2011	12/31/2011	Prehospital Care and Resuscitation	Exception	Per facility, the SNF patients had no DNR orders. The data was reviewed and is accurate.
'392287'	Doctors Hospital of Manteca	7/1/2011	12/31/2011	Total Charges	Exception	Per facility contact, the newborn daily charge is \$2,554.49 however, with test's, vaccines, and labs the charges come up to \$3,890.00.
'190857'	Doctors Hospital of West Covina	7/1/2011	12/31/2011	Prehospital Care and Resuscitation	Exception	Per facility contact, there were no DNR orders written within 72 hours of patients admission.
'500852'	Doctors Medical Center	7/1/2011	12/31/2011	Expected Source of Payment	Exception	Facility reviewed records and confirmed charges were accurate.
'500852'	Doctors Medical Center	7/1/2011	12/31/2011	Other Procedure	Exception	Facility confirmed that procedures are not performed when patient is in a psychiatric bed. These are done in the acute setting.
'500852'	Doctors Medical Center	7/1/2011	12/31/2011	Source of Admission	Exception	Facility confirmed these are admissions from other facility's EDs.
'196168'	Earl & Loraine Miller Children's Hosp.	7/1/2011	12/31/2011	Source of Admission	Exception	Facility confirmed these were all admissions from other facility's EDs.
'320859'	Eastern Plumas Hosp-Portola Campus	7/1/2011	12/31/2011	Average Length of Stay	Exception	Per facility contact, the decrease in their Average Length of Stay is due to an increase in one-day stays because their physicians, due to confusion about the service, were using Observation less drastically.

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'320859'	Eastern Plumas Hosp-Portola Campus	7/1/2011	12/31/2011	Total Charges	Exception	Per facility contact, the increase in Adjusted Charge per day is due to the increased use of Swing Beds, which brings a significant revenue increase. This occurred because of a cooperative effort with neighboring medical center transferring seriously ill patients for rehabilitation needs.
'010805'	Eden Medical Center	7/1/2011	12/31/2011	Other Procedure	Exception	The data is correct. There were no patients in this reporting period that had any procedures. In most cases psychiatric patients are discharged and readmitted to the medical floor. Last reporting period there were a few simple procedures that were done in the Psychiatric unit, this is seldom done.
'331168'	Eisenhower Medical Center	7/1/2011	12/31/2011	Disposition of Patient	Exception	Copy of facility license shows Psych and Rehab which has not been uploaded into ALIRTS.
'331168'	Eisenhower Medical Center	7/1/2011	12/31/2011	Type of Care	Exception	Per facility contact, the facility opened 23 Acute Rehabilitation beds on 7/1/11.
'430763'	El Camino Hospital	7/1/2011	12/31/2011	Expected Source of Payment Type of Coverage	Exception	Per facility contact, many of the private insurances and HMO's they contract with became Managed Care.
'094002'	El Dorado County-PHF	7/1/2011	12/31/2011	Other Diagnoses	Exception	Per facility contact, all diagnosis are for mental disorders, no other diagnosis were reported.
'094002'	El Dorado County-PHF	7/1/2011	12/31/2011	Principal Language Spoken	Exception	Per facility contact, all patients were English speaking.
'094002'	El Dorado County-PHF	7/1/2011	12/31/2011	Type of Admission	Exception	Per facility contact, all admissions are unscheduled.

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'500867'	Emanuel Medical Center	7/1/2011	12/31/2011	Other Procedure	Exception	Facility contact verified no skilled nursing procedures are performed. If needed they are sent to acute care.
'500867'	Emanuel Medical Center	7/1/2011	12/31/2011	Principal Language Spoken	Exception	This edit is due to the high number of Assyrian speaking patients.
'190280'	Encino Hospital Medical Center	7/1/2011	12/31/2011	Other Procedure	Exception	Per contact, no procedures are performed in SNIC, if needed they are transferred to Acute Inpatient setting.
'190280'	Encino Hospital Medical Center	7/1/2011	12/31/2011	Prehospital Care and Resuscitation	Exception	Per contact, the majority of SNIC are long term comatose patients.
'190280'	Encino Hospital Medical Center	7/1/2011	12/31/2011	Total Number of Records	Exception	Per contact, the decrease in patients is due the facility no longer proving specialty services, as they no longer have insurance contracts.
'040962'	Enloe Medical Ctr.-Esplanade	7/1/2011	12/31/2011	Other Procedure	Exception	Per facility contact, there were two non-surgical procedures performed this reporting period and no additional procedures reported. Data is accurate as reported.
'370705'	Fallbrook Hospital District	1/1/2010	12/31/2011	Other Procedure	Exception	Per facility contact, they do not perform procedures at their SNF. If needed, they are discharged to acute care.
'014034'	Fremont Hospital	7/1/2011	12/31/2011	Other E-Code Present on Admission	Exception	The data is correct as reported. This is a Psychiatric hospital and prior to a patient being admitted they must be medical cleared and E-Codes would have already been reported.
'014034'	Fremont Hospital	1/1/2010	12/31/2011	Other Procedure	Exception	Per facility they never perform any psychiatric procedures on patients.

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'014034'	Fremont Hospital	7/1/2011	12/31/2011	Total Number of Records	Exception	The current data is correct and has been verified by the reporting system within the facility. Staff changes and new ownership is expecting the numbers to increase back to past amounts
'014034'	Fremont Hospital	1/1/2010	12/31/2011	Type of Admission	Exception	All admits come from other facilities or EPS on an unscheduled basis.
'104047'	Fresno Surgical Hospital	7/1/2011	12/31/2011	Type of Admission	Exception	Per facility all admissions are scheduled, they are elective surgery patients and admitted from home and are scheduled.
'190317'	Gateways Hospital and Mental Health Ctr.	7/1/2011	12/31/2011	Source of Admission	Exception	Per facility contact, this psychiatric facility gets a large number of 5150 and similar admissions from other hospitals EDs.
'190317'	Gateways Hospital and Mental Health Ctr.	1/1/2010	12/31/2011	Type of Admission	Exception	Per facility, contact the facility receives their patients from ER rooms as well as walk-ins. Therefore records will always be unscheduled.
'110889'	Glenn Medical Center	7/1/2011	12/31/2011	Type of Admission	Exception	Facility does not typically schedule patients to be admitted, no admissions were arranged with the hospital and facility understands OSHPD's definition of Unscheduled.
'420483'	Goleta Valley Cottage Hospital	7/1/2011	12/31/2011	Prehospital Care and Resuscitation	Exception	Facility states that their review shows no DNR orders per OSHPD definitions were in place for SN/IC patients.
'430779'	Good Samaritan Hospital	7/1/2011	12/31/2011	Other Procedure	Exception	The data is correct as reported, if a Psychiatric patient needs other procedures they are discharged and readmitted after procedure is taken care of.

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'150775'	Good Samaritan Hospital-Bakersfield	7/1/2011	12/31/2011	Source of Admission	Exception	The data is correct as reported, admissions were routinely from other ER's which accounts for the others.
'190352'	Greater El Monte Community Hospital	7/1/2011	12/31/2011	Other Procedure	Exception	Per facility contact they do not perform procedures on SNIC patients if needed, they are discharged to their Acute setting
'190352'	Greater El Monte Community Hospital	7/1/2011	12/31/2011	Prehospital Care and Resuscitation	Exception	Facility contact verified that there were no DNR's reported on their SNIC patients this report period.
'350784'	Hazel Hawkins Memorial Hospital	1/1/2010	12/31/2011	Other Procedure	Exception	Per facility contact, they do not perform procedures on skilled nursing patients at the skilled nursing facilities. If the patients require procedures, they are discharged from the SNF and admitted to the acute facility for care".
'304159'	Healthbridge Children's Hospital - Orange	7/1/2011	12/31/2011	Other Diagnosis Present on Admission	Exception	(Small facility) The data is correct as reported, all diagnosis were all present when the patients were admitted.
'304159'	Healthbridge Children's Hospital - Orange	7/1/2011	12/31/2011	Other Procedure	Exception	(Small facility) The data is correct as reported; if any procedures need to be done patient is discharged and then readmitted.
'304159'	Healthbridge Children's Hospital - Orange	7/1/2011	12/31/2011	Type of Admission	Exception	The data is correct as reported, facility has no emergency room and all admissions are scheduled at least 24 hours ahead of time.
'304079'	Healthsouth Tustin Rehab. Hospital	7/1/2009	12/31/2011	Type of Admission	Exception	Facility contact states, "We are an acute rehab facility and all of our admissions are scheduled admissions".

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'331194'	Hemet Valley Medical Center	7/1/2011	12/31/2011	Other Procedure	Exception	Per facility contact, procedures reported for this patient population was the ICD-9-CM procedure code 96.72 - continuous invasive mechanical ventilation for 96 consecutive hours or more. This code is reported to capture the ventilator status. It is not a surgical operation/procedure. In the event the patient requires surgical intervention, the patient is discharged from the Sub-Acute unit and admitted to Acute Care status.
'344021'	Heritage Oaks Hospital	1/1/2010	12/31/2011	Other Procedure	Exception	Facility contact states, Principal Procedure C021 and Other Procedures on Psychiatric Care C024. We have reviewed the data elements in the California Inpatient Data Reporting Manual, 7th ed. Other patient principal procedure is defined was one that was performed for definitive treatment rather than one performed for diagnostic or exploratory purposes, or was necessary to take care of a complication. At Heritage Oaks Hospital no procedures are performed therefore our percentage/data of records reported as 100% is true and correct.

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'344021'	Heritage Oaks Hospital	1/1/2010	12/31/2011	Principal Procedure	Exception	Facility contact states, Principal Procedure C021 and Other Procedures on Psychiatric Care C024. We have reviewed the data elements in the California Inpatient Data Reporting Manual, 7th ed. Other patient principal procedure is defined was one that was performed for definitive treatment rather than one performed for diagnostic or exploratory purposes, or was necessary to take care of a complication. At Heritage Oaks Hospital no procedures are performed therefore our percentage/data of records reported as 100% is true and correct.
'344021'	Heritage Oaks Hospital	1/1/2010	12/31/2011	Type of Admission	Exception	Facility contact states a crisis management model. Our largest source of admissions come via an acute hospital's Emergency Room Department with patients on a 5150 hold. We report this source of admission according to data reporting manual elements as Admission/Site: Home. Our percentage/data of records reported as 100% is true and correct. Analyst verified all admits are Unscheduled.
'304460'	Hoag Orthopedic Institute	7/1/2011	12/31/2011	Principal E-Code	Exception	The data is correct as reported, the E-Codes have previously been reported.
'121031'	Jerold Phelps Community Hospital	7/1/2011	12/31/2011	Other Procedure	Exception	(Small facility) The data is correct as reported. If a surgical procedure is required the patient is discharged to a larger facility; this is a rural hospital and it does not perform procedures.

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'121031'	Jerold Phelps Community Hospital	7/1/2011	12/31/2011	Source of Admission	Exception	(Small facility) The data is correct as reported, verified there are 4 admissions from the clinic.
'380842'	Jewish Home	7/1/2011	12/31/2011	Other E-Code Present on Admission	Exception	Per facility contact, the two patients who had an Other E-Code did not have it at admission however, it occurred after admission.
'380842'	Jewish Home	7/1/2011	12/31/2011	Other Procedure	Exception	Per facility contact, Jewish Home does not do any types of procedures, if a resident requires any type of surgical procedure they are sent to an acute facility for that procedure.
'380842'	Jewish Home	7/1/2011	12/31/2011	Principal E-Code Present on Admission	Exception	Per facility contact, the two patients who had a Principal E-Code did not have it at admission however, occurred after admission.
'380842'	Jewish Home	7/1/2011	12/31/2011	Principal Procedure	Exception	Per facility contact, Jewish Home does not do any types of procedures, if a resident requires any type of surgical procedure they are sent to an acute facility for that procedure.
'380842'	Jewish Home	7/1/2011	12/31/2011	Type of Admission	Exception	Per facility contact, an acute facility, family, or agency refers all of their patients to them. All patients are scheduled with a time and date.
'220733'	John C Fremont Healthcare District	7/1/2011	12/31/2011	Other Diagnosis Present on Admission	Exception	The data is correct as reported and has been verified with the coding staff.
'220733'	John C Fremont Healthcare District	7/1/2011	12/31/2011	Principal Language Spoken	Exception	The data is correct as reported and has been verified with the Information System. All patients this reporting period are English speaking.
'220733'	John C Fremont Healthcare District	7/1/2011	12/31/2011	Race (Ethnicity Portion Only)	Exception	The data is correct as reported and has been verified by the Information System.

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'074039'	John Muir Behavioral Health Center	1/1/2010	12/31/2011	Other Procedure	Exception	Facility states they do no procedures as they are all done "at general acute care hospitals".
'074039'	John Muir Behavioral Health Center	1/1/2010	12/31/2011	Principal Procedure	Exception	Facility states they do no procedures as they are all done "at general acute care hospitals".
'074039'	John Muir Behavioral Health Center	1/1/2010	12/31/2011	Type of Admission	Exception	Facility states: none of their admissions are scheduled 24 hours in advance of the admission date/time."
'196404'	Joyce Eisenberg Keefer Medical Center	7/1/2011	12/31/2011	Other Procedure	Exception	Per contact they do not perform any types of procedures at this facility, if a procedure is needed the patient is sent to another hospital whether they are SN/IC or a Psychiatric patient.
'196404'	Joyce Eisenberg Keefer Medical Center	7/1/2011	12/31/2011	Principal Procedure	Exception	Per contact they do not perform any types of procedures at this facility, if a procedure is needed the patient is sent to another hospital.
'196035'	Kaiser Fdn Hosp - Baldwin Park	7/1/2011	12/31/2011	Source of Admission	Exception	Per facility contact, the reason for the high number of Source of Admission Other is they receive a large number of transfers from a nearby facilities ER.
'190429'	Kaiser Fdn Hosp - Los Angeles	7/1/2011	12/31/2011	Source of Admission	Exception	Per facility contact, patients were transferred from another hospital's ED. Their Source of Admission combination 931/932 were all correct.
'334048'	Kaiser Fdn Hosp - Moreno Valley	7/1/2011	12/31/2011	Source of Admission	Exception	Per facility, the data is accurate as they verified the SOA Other reported were all transfers from another hospital ED.
'410804'	Kaiser Fdn Hosp - Redwood City	7/1/2011	12/31/2011	Source of Admission	Exception	Per facility - these patients were transferred from another hospital's ER.

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'340913'	Kaiser Fdn Hosp - Sacramento	7/1/2011	12/31/2011	Source of Admission	Exception	Source Of Admission Other are patients that are transferred from another hospital's ER once stabilized as they are Kaiser patients.
'190434'	Kaiser Fdn Hosp - West LA	7/1/2011	12/31/2011	Source of Admission	Exception	Per facility contact, they have a high number of patients transferred from another Hospital's ED.
'191450'	Kaiser Fdn Hosp - Woodland Hills	7/1/2011	12/31/2011	Source of Admission	Exception	Data is reported correct as reported; Kaiser patients are transferred from other hospitals.
'434218'	Kaiser Permanente P.H.F. - Santa Clara	7/1/2011	12/31/2011	Other Procedure	Exception	Other Procedures were not done during this reporting period on any patients. If a procedure is needed the patient would be discharged and re-admission if the patient returned.
'434218'	Kaiser Permanente P.H.F. - Santa Clara	7/1/2011	12/31/2011	Principal Procedure	Exception	Principal Procedures were not done during this reporting period on any patients. If a procedure is needed the patient would be discharged and re-admission if the patient returned.
'434218'	Kaiser Permanente P.H.F. - Santa Clara	7/1/2011	12/31/2011	Source of Admission	Exception	Per facility this has been confirmed and these patients are coming from other Emergency Rooms. There are 300 records from another hospital's Emergency Rooms.
'434218'	Kaiser Permanente P.H.F. - Santa Clara	7/1/2011	12/31/2011	Type of Admission	Exception	All admissions in this facility are unscheduled due to the nature of the business.
'540734'	Kaweah Delta Medical Center	7/1/2011	12/31/2011	Other Procedure	Exception	The data is correct as reported. Procedures are not done in this facility, if a procedure is needed the patient is transferred to the acute facility and readmitted.

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'540734'	Kaweah Delta Medical Center	7/1/2011	12/31/2011	Other Procedure	Exception	The data is correct as reported. Procedures are not done in this facility, if a procedure is needed the patient is transferred to the acute facility and readmitted.
'190150'	Kedren Community Mental Health Center	7/1/2011	12/31/2011	Expected Source of Payment	Exception	The data is correct as reported; this psychiatric facility is under contract with LA County Department of Mental Health and all patients are Other Government.
'190150'	Kedren Community Mental Health Center	7/1/2011	12/31/2011	Other Procedure	Exception	The data is correct as reported; this psychiatric facility does not do procedures. The dataset have been reviewed and is consistent with actual discharges. If a patient does need a procedure the patient will be discharged sent to a LA County facility.
'190150'	Kedren Community Mental Health Center	7/1/2011	12/31/2011	Principal Procedure	Exception	The data is correct as reported; this psychiatric facility does not do procedures. The dataset have been reviewed and is consistent with actual discharges. If a patient does need a procedure the patient will be discharged sent to a LA County facility.
'210993'	Kentfield Rehabilitation Hospital	7/1/2011	12/31/2011	Source of Admission	Exception	Facility confirmed all admissions come from an acute setting.
'210993'	Kentfield Rehabilitation Hospital	7/1/2011	12/31/2011	Type of Admission	Exception	Facility confirmed all admissions are scheduled at least 24 hrs. in advance.
'150736'	Kern Medical Center	7/1/2011	12/31/2011	ZIP Code	Exception	Per facility, the data is accurate and has been reviewed and determined to be caused by a large homeless population in their area.

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'010887'	Kindred Hosp. San Francisco Bay Area	7/1/2011	12/31/2011	Type of Admission	Exception	The data is correct as reported, Kindred has no emergency room and all patients come from acute hospitals. All patients are scheduled.
'190305'	Kindred Hospital - Los Angeles	10/1/2011	12/31/2011	Type of Admission	Exception	Facility states they have no emergency services and only scheduled admissions.
'344035'	Kindred Hospital - Sacramento	7/1/2011	12/31/2011	Type of Admission	Exception	The data is correct as reported. All admissions are scheduled for as far back as we are able to verify. This hospital has no emergency room and does not provide emergency services.
'370721'	Kindred Hospital - San Diego	1/1/2010	12/31/2011	Type of Admission	Exception	Per facility - this is an LTAC (Long-term Acute Care Hospital). All patients are scheduled admissions. They come from SNF and other Acute facilities.
'190049'	Kindred Hospital Baldwin Park	7/1/2011	12/31/2011	Type of Admission	Exception	The data is correct as reported, the patients are always evaluated prior to admission and are always scheduled.
'301127'	Kindred Hospital Brea	7/1/2011	12/31/2011	Other Procedure	Exception	The data is correct as reported and has been verified. Facility states any SN patient that needs a procedure is discharged to an acute setting and readmitted upon completion.
'301127'	Kindred Hospital Brea	7/1/2009	12/31/2011	Type of Admission	Exception	Per facility, they never get unscheduled patient admits. The data is accurate.
'361274'	Kindred Hospital Ontario	7/1/2011	12/31/2011	Expected Source of Payment Name of Plan	Exception	The data is correct as reported and has been verified. The report shows 11 patients with a coverage type 1 with the same plan code. After review of each case it was found that each patient insurance carrier is Blue Shield of Southern California.

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'361274'	Kindred Hospital Ontario	1/1/2010	12/31/2012	Type of Admission	Exception	Per facility they are always scheduled as they are a long term acute care hospital.
'364188'	Kindred Hospital Rancho	7/1/2011	12/31/2011	Total Number of Records	Exception	Per contact, last reporting period data received was for March through June 2011, therefore discharges were lower.
'332172'	Kindred Hospital Riverside	7/1/2011	12/31/2011	Expected Source of Payment Type of Coverage	Exception	Per contact, they have new contracts in place with different insurance companies and different insurance plans.
'332172'	Kindred Hospital Riverside	7/1/2011	12/31/2011	Total Number of Records	Exception	Per contact, last reporting period was a split report period. This report period they are reporting a full six-months worth of data.
'332172'	Kindred Hospital Riverside	7/1/2011	12/31/2011	Type of Admission	Exception	Per contact, all admissions are scheduled.
'190196'	Kindred Hospital South Bay	7/1/2011	12/31/2011	Type of Admission	Exception	Facility contact verified that all admissions are scheduled.
'301380'	Kindred Hospital Westminster	7/1/2011	12/31/2011	Principal Language Spoken	Exception	Per facility, they reviewed the data and all of the 541 patients declared English as their PLS. The data is accurate.
'301380'	Kindred Hospital Westminster	7/1/2011	12/31/2011	Type of Admission	Exception	Per facility, they understand the definition of Scheduled admits and 100% of their patients are scheduled. The data is accurate.
'194981'	La Casa Psychiatric Health Facility	7/1/2011	12/31/2011	Disposition of Patient	Exception	(Small facility) The data is correct as reported, charts were pulled and records reviewed.

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'194981'	La Casa Psychiatric Health Facility	7/1/2011	12/31/2011	Other Diagnosis Present on Admission	Exception	(Small facility) The data is correct as reported, this is a free standing psychiatric facility, Any co-occurring diagnoses are given at admission as they are cleared by sending physician before admission.
'194981'	La Casa Psychiatric Health Facility	7/1/2011	12/31/2011	Other Procedure	Exception	(Small facility)The data is correct as reported, this is a free standing psychiatric facility, if procedures are needed the patient is transferred and readmitted.
'194981'	La Casa Psychiatric Health Facility	7/1/2011	12/31/2011	Source of Admission	Exception	(Small facility) The data is correct as reported. Charts were pulled and verified.
'194981'	La Casa Psychiatric Health Facility	7/1/2011	12/31/2011	Type of Admission	Exception	(Small facility)The data is correct as reported, this is a free standing psychiatric facility, they treat acute patients in psychiatric crisis.
'191306'	LAC/Rancho Los Amigos National Rehab Ctr	7/1/2011	12/31/2011	Source of Admission Site	Exception	This data is correct, facility has no ER and admits patients from other county hospitals.
'361246'	Loma Linda University Medical Center	7/1/2011	12/31/2011	Source of Admission Site	Exception	The data has been verified to be accurate and validated by reviewing the Medical Record. This facility receives an abundance of transfers from other hospital EDs.
'420491'	Lompoc Valley Medical Center	7/1/2011	12/31/2011	Other Procedure	Exception	The data is correct as reported, a review of the Reporting Manual and discussion with analyst verifies they understand the correct reporting. Any Skilled Nursing patient that needs procedures is transferred to Ambulatory Surgery; several were taken to the Emergency Room and then admitted as Acute (The Emergency Room procedure is rolled up into the IP Acute Care record).

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'190854'	Los Angeles Metropolitan Medical Center	7/1/2011	12/31/2011	Source of Admission Site	Exception	Facility contact states, - Due to transfer agreement with Kaiser and Olympia hospitals, medical clearance was completed at respective facilities, resulting in direct admit and bypassing LAMMC ER.☐
'434040'	Lucile S Packard Chldrn Hosp at Stanford	7/1/2011	12/31/2011	Other Diagnosis Present on Admission	Exception	Per facility contact, they have a large number of OB admissions, many of whom have events occur after admission, such as perinatal lacerations or occurrence of abnormal fetal heart rates. Data is accurate as reported.
'434040'	Lucile S Packard Chldrn Hosp at Stanford	7/1/2011	12/31/2011	Source of Admission	Exception	Per facility contact, a large number of their admits are coming from another facility's ER.
'420493'	Marian Medical Center	7/1/2011	12/31/2011	Principal Language Spoken	Exception	Per facility contact, their PLS write-in field is extensive as they have a large population of Mixtec in their area.
'244027'	Marie Green Psychiatric Center -PHF	7/1/2011	12/31/2011	Principal Procedure	Exception	Per facility contact, they do not perform procedures of any kind, if a procedure is needed the patient is discharged to another facility and readmitted. From 7/1/07 through 12/31/10, the facility reported Lithium Therapy, Chemical Shock Therapy and Electric Shock Therapy to OSHPD as Principal Procedures however, per OSHPD reporting requirements; they will no longer report these as Principal Procedures.
'211006'	Marin General Hospital	7/1/2011	12/31/2011	Expected Source of Payment Type of Coverage	Exception	Per contact, in July the facility contracted with Partnership Health because of this they have seen an increase in managed care and a decrease in traditional.

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'050932'	Mark Twain St. Joseph's Hospital	7/1/2011	12/31/2011	Other Procedure	Exception	Per facility they do no other procedures in Skilled Nursing but discharge and admit to Acute when this is needed. The data is correct as reported.
'414018'	Menlo Park Surgical Hospital	7/1/2011	12/31/2011	Other E-Code Present on Admission	Exception	The data is correct as reported, the coding manager has reviewed all inpatient cases, any injuries were old and reported elsewhere.
'414018'	Menlo Park Surgical Hospital	7/1/2011	12/31/2011	Prehospital Care and Resuscitation	Exception	Menlo Park is a small acute care hospital, patients are healthy and admitted for surgeries such as orthopedic, podiatry and plastic surgery.
'414018'	Menlo Park Surgical Hospital	7/1/2011	12/31/2011	Source of Admission Site	Exception	Scheduler and admitting has verified all admissions are scheduled; 100% Home is accurate.
'414018'	Menlo Park Surgical Hospital	7/1/2011	12/31/2011	Type of Admission	Exception	Menlo Park does not have an emergency room and all patients are always scheduled.
'470871'	Mercy Hospital - MT. Shasta	7/1/2011	12/31/2011	Other Procedure	Exception	Facility had no procedures on their swing Skilled Nursing patients.
'410852'	Mills-Peninsula Medical Center	7/1/2011	12/31/2011	Sex	Exception	Custom reports have been checked and verified that the data is correct as reported. This facility has a high number of sex change procedures each reporting period and accounts for the flag.
'190681'	Miracle Mile Medical Center	7/1/2011	12/31/2011	Source of Admission	Exception	Per facility, the SOA was 100% from Home. The data is accurate.
'190681'	Miracle Mile Medical Center	1/1/2010	12/31/2011	Type of Admission	Exception	Per facility, they always get 100% Scheduled patients. The data is accurate.
'250956'	Modoc Medical Center	7/1/2009	9/30/2011	Average Length of Stay	Exception	The data is correct. Several long term patients made the time period go up.

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'250956'	Modoc Medical Center	7/1/2009	9/30/2011	Total Number of Records	Exception	The data has been verified to be accurate as reported and validated by review of the Internal Disease index listing all admits/discharges.
'190541'	Monrovia Memorial Hospital	7/1/2011	12/31/2011	Prehospital Care and Resuscitation	Exception	Per facility contact, they had no DNR orders written within, at the time, or within 24 hours of admission.
'190541'	Monrovia Memorial Hospital	7/1/2011	12/31/2011	Type of Admission	Exception	Per facility contact, all of their admissions are scheduled.
'190552'	Motion Picture & Television Hospital	7/1/2011	12/31/2011	Other Procedure	Exception	Facility contact verified the remaining 9 records did not need additional procedures as these are psych patients who were treated in the facilities ED.
'013687'	MPI Chemical Dependency Recovery Hospital	7/1/2011	12/31/2011	Other E-Code Present on Admission	Exception	Only 1 record was reported with and Ecode POA of "no" and facility confirmed "no" was correct.
'301304'	Newport Bay Hospital	7/1/2011	12/31/2011	Other Procedure	Exception	The data is correct as reported, this is a psychiatric hospital and they do no procedures. If a procedure is needed the patient is sent to a medical facility and readmitted upon return.
'301304'	Newport Bay Hospital	7/1/2011	12/31/2011	Principal Procedure	Exception	The data is correct as reported, this is a psychiatric hospital and they do no procedures. If a procedure is needed the patient is sent to a medical facility and readmitted upon return.
'301304'	Newport Bay Hospital	7/1/2009	12/31/2011	Type of Admission	Exception	Per facility, they always get scheduled admits. The data is accurate.
'301357'	Newport Specialty Hospital	7/1/2011	12/31/2011	Other Procedure	Exception	Per facility, they do no Other Procedures in SN care. The data is accurate.

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'301357'	Newport Specialty Hospital	7/1/2011	12/31/2011	Prehospital Care and Resuscitation	Exception	Per facility, they reviewed all SN care records and none of them had a DNR order. The data is accurate.
'514033'	North Valley Behavioral Health	7/1/2011	12/31/2011	Other Diagnosis Present on Admission	Exception	Per facility contact, all other diagnosis were present on admission.
'514033'	North Valley Behavioral Health	7/1/2011	12/31/2011	Other Procedure	Exception	There are no procedures or other procedures done at North Valley Behavioral. Any procedures would be directed to the local hospital. We are a psychiatric healthcare facility providing mental health services.
'514033'	North Valley Behavioral Health	7/1/2011	12/31/2011	Principal Procedure	Exception	Per facility contact, There are no procedures or other procedures done at North Valley Behavioral. Any procedures would be directed to the local hospital. We are a psychiatric healthcare facility providing mental health services.
'454012'	Northern California Rehab. Hospital	7/1/2011	12/31/2011	Prehospital Care and Resuscitation	Exception	Data is correct as submitted. No patients discharged this reporting period had Do Not Resuscitate listed.
'454012'	Northern California Rehab. Hospital	7/1/2011	12/31/2011	Type of Admission	Exception	Data is correct as submitted. All admissions are scheduled.
'334457'	Oasis Psychiatric Health Facility	7/1/2011	12/31/2011	Expected Source of Payment	Exception	Per facility all patients are from the indigent population; all come from a contract with Riverside County to provide psychiatric services to the indigent population.
'334457'	Oasis Psychiatric Health Facility	7/1/2011	12/31/2011	Other Diagnosis Present on Admission	Exception	The data is correct, the diagnoses are made on admission.

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'334457'	Oasis Psychiatric Health Facility	7/1/2011	12/31/2011	Other Procedure	Exception	Any procedures fall under rehabilitation services which is a bundled procedure. There are no reportable procedures done in this facility.
'334457'	Oasis Psychiatric Health Facility	7/1/2011	12/31/2011	Source of Admission Site	Exception	All patients have been verified to be admitted from home and come in with 5150 hold or other qualified places such as outpatient clinics and medical emergency rooms.
'334457'	Oasis Psychiatric Health Facility	7/1/2011	12/31/2011	Type of Admission	Exception	All admissions are unscheduled and come in on 5150, this is the practice of the facility.
'430837'	O'Connor Hospital	7/1/2011	12/31/2011	Total Charges	Exception	Per facility contact, "Our charges for newborns are over the \$3,200 per day amount. Our Well Baby daily rate is \$3,015.00 with lab and other test required for newborns the rate on a well baby will be over the amount of \$3,200. Our Level 2 NICU rate is \$7,433.00, again with test we are over \$3,200 amount. Our Level 3 care for NICU newborns is \$10,724.00 these charges include supplies, drugs and test that are needed for patient care. Again putting the amount over \$3,200."
'560838'	Pacific Shores Hospital	7/1/2011	12/31/2011	Other Procedure	Exception	Per contact, they do not perform procedures at their facility; if a procedure is needed, they are discharged to an acute facility.
'560838'	Pacific Shores Hospital	7/1/2011	12/31/2011	Principal Language Spoken	Exception	Per contact, all patient spoke English this report period.

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'560838'	Pacific Shores Hospital	7/1/2011	12/31/2011	Principal Procedure	Exception	Per contact, they do not perform procedures at their facility; if a procedure is needed, they are discharged to an acute facility.
'560838'	Pacific Shores Hospital	7/1/2011	12/31/2011	Total Number of Records	Exception	Per contact, they discharged 31 more patients than last quarter. Data is correct as reported.
'560838'	Pacific Shores Hospital	7/1/2011	12/31/2011	Type of Admission	Exception	Per contact, all of their admissions are scheduled.
'190696'	Pacifica Hospital of the Valley	7/1/2011	12/31/2011	Other Procedure	Exception	The data is correct as submitted, this is a psychiatric facility and they send any required procedures out and readmit when they return.
'370755'	Palomar Medical Center	7/1/2011	12/31/2011	Other Procedure	Exception	The data is correct as reported, this facility does not perform Procedures. If a procedure is necessary the patient is discharged and readmitted.
'370759'	Paradise Valley Hospital	7/1/2011	12/31/2011	ZIP Code	Exception	The data is correct as reported. These patients were all foreign (641) Zip Codes.
'454013'	Patient's Hospital of Redding	7/1/2011	12/31/2011	Prehospital Care and Resuscitation	Exception	Facility verified data as correct. This is a 10 bed acute care facility for elective surgery.
'454013'	Patient's Hospital of Redding	7/1/2011	12/31/2011	Principal Language Spoken	Exception	Per facility the data is correct, all 128 patients are English speaking.
'370977'	Pomerado Hospital	7/1/2011	12/31/2011	Other Procedure	Exception	The data is correct as reported, this facility does not perform Procedures. If a procedure is necessary the patient is discharged and readmitted.
'190470'	Providence Little Company of Mary MC - Torrance	1/1/2010	12/31/2011	Other Procedure	Exception	This facility does no other procedures on SN cases; they are discharged then readmitted for treatment.

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'331226'	Riverside Center for Behavioral Medicine	7/1/2011	12/31/2011	Other Diagnosis Present on Admission	Exception	Facility confirmed that all diagnosis were present on admission and a "no" is very rare based on the type of treatment offered.
'331226'	Riverside Center for Behavioral Medicine	7/1/2011	12/31/2011	Other Procedure	Exception	Psych facility confirmed they discharge patient when the rare significant procedure is necessary.
'331226'	Riverside Center for Behavioral Medicine	7/1/2011	12/31/2011	Principal Language Spoken	Exception	Facility states 100% English is accurate. They only have English speaking physicians and counselors so they are unable to admit patients that speak other languages.
'331226'	Riverside Center for Behavioral Medicine	7/1/2011	12/31/2011	Principal Procedure	Exception	Psych facility confirmed they discharge patient when the rare significant procedure is necessary.
'331226'	Riverside Center for Behavioral Medicine	7/1/2011	12/31/2011	Source of Admission	Exception	Psych facility confirmed they only admitted patients from a home environment.
'331226'	Riverside Center for Behavioral Medicine	7/1/2011	12/31/2011	Type of Admission	Exception	Facility process determines admission less than 24 hours in advance.
'344011'	Sacramento County Mental Health Treatment Center	7/1/2011	12/31/2011	Expected Source of Payment	Exception	The data is correct as reported; due to funding the budget cuts forced the facility to write off all services and admissions since the funding was absorbed (clients are indigent and do not have private funding).
'344011'	Sacramento County Mental Health Treatment Center	7/1/2011	12/31/2011	Other Diagnosis Present on Admission	Exception	The data is correct as reported. All patients are first seen in other hospitals ER, they are diagnosed as a condition of admission process and sent to this facility.

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'344011'	Sacramento County Mental Health Treatment Center	7/1/2011	12/31/2011	Other Procedure	Exception	The data is correct as reported. This facility is an Acute Psychiatric facility and services are coded as 24 Hour Psychiatric Day. If a patient requires a procedure they are transported to other hospitals for treatment.
'344011'	Sacramento County Mental Health Treatment Center	7/1/2011	12/31/2011	Source of Admission	Exception	The data is correct as reported; admissions are done via a referral process from other hospitals ER (the other 5%-6% ARE admitted from jail).
'374055'	San Diego County Psychiatric Hospital	7/1/2011	12/31/2011	Other Procedure	Exception	The data is correct, procedures are not performed in this facility; if a procedure is needed the patient is sent out to another facility and readmitted when they return.
'374055'	San Diego County Psychiatric Hospital	7/1/2011	12/31/2011	Principal Procedure	Exception	The data is correct, procedures are not performed in this facility; if a procedure is needed the patient is sent out to another facility and readmitted when they return.
'374055'	San Diego County Psychiatric Hospital	7/1/2011	12/31/2011	ZIP Code	Exception	These patients are homeless.
'374084'	San Diego Hospice & Palliative Care Center	7/1/2011	12/31/2011	Other Diagnosis Present on Admission	Exception	Facility states given the nature of the care their facility provides (hospice), it is rare for them to have a new diagnosis reported after admission.
'374084'	San Diego Hospice & Palliative Care Center	1/1/2010	12/31/2011	Prehospital Care and Resuscitation	Exception	This is a hospice facility that only has patients with DNR in place. Per facility - Our facility is a Specialty Hospital and patients are admitted to the inpatient unit with the understanding that resuscitative measures are not provided. A DNR order is written for all patients at the time of admission.

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'374084'	San Diego Hospice & Palliative Care Center	7/1/2011	12/31/2011	Type of Admission	Exception	Facility states given the nature of the care their facility provides (hospice), admissions are almost exclusively unscheduled and facilitated quickly.
'394003'	San Joaquin County Mental Health - P.H.F	7/1/2011	12/31/2011	Type of Admission	Exception	The data is correct as reported. All of the patients are unscheduled as this is a psych facility; all Psych patients are unscheduled as an admission practice.
'391010'	San Joaquin General Hospital	7/1/2011	12/31/2011	Total Charges	Exception	Per facility contact, the current facility charge per day for newborns is \$2950.00 and with the battery of test runs on newborns the total charge is well over \$3200.00 per day.
'404046'	San Luis Obispo County Behavioral Health Services-PHF	7/1/2011	12/31/2011	Other Procedure	Exception	Per facility contact, they only perform Non OR procedures, which are for mental health status only. If a patient needs a procedure, they are discharged to a nearby hospital.
'404046'	San Luis Obispo County Behavioral Health Services-PHF	7/1/2011	12/31/2011	ZIP Code	Exception	Per facility contact, they serve a high number of homeless patients in their area.
'424002'	Santa Barbara Psychiatric Health Facility	7/1/2011	12/31/2011	Other Procedure	Exception	The data is correct as reported. Facility is a free standing psychiatric facility they do no other procedures of any type, if needed the patient is transferred to Cottage Hospital
'424002'	Santa Barbara Psychiatric Health Facility	7/1/2011	12/31/2011	Principal Procedure	Exception	The data is correct as reported. Facility is a free standing psychiatric facility they do no procedures of any type, if needed the patient is transferred to Cottage Hospital.
'491064'	Santa Rosa Memorial Hospital	7/1/2011	12/31/2011	Principal E-Code	Exception	The data is correct as reported. The E-Codes have been previously reported.

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'371256'	Scripps Green Hospital	7/1/2011	12/31/2011	Source of Admission	Exception	This data has been verified as correct. Facility does not have an Emergency Room, these 66 admissions are from other local facility Emergency rooms.
'124004'	Sempervirens - P.H.F.	1/1/2010	12/31/2011	Type of Admission	Exception	Facility states - as an acute psychiatric facility, admission are not normally scheduled 24 hours in advance. All unscheduled is reported accurately.
'124004'	Sempervirens - P.H.F.	7/1/2011	12/31/2011	ZIP Code	Exception	Facility confirmed all patients were homeless and consistent with patient population.
'321016'	Seneca Hospital	7/1/2011	12/31/2011	Other E-Code Present on Admission	Exception	The data is correct as reported; all 108 records have been checked and verified there are no Other E-Codes (there is 1 primary E-Code), the others listed are exempt. Facility reviewed and confirmed this patient fell prior to admission and then fell again after admission.
'321016'	Seneca Hospital	7/1/2009	12/31/2011	Total Charges (Adjusted C/D)	Exception	Facility reviewed all 108 records, they had 3 long term care patients which reduced the charges per day for this facility.
'410828'	Seton Medical Center - Coastside	7/1/2011	12/31/2011	Other Diagnosis Present on Admission	Exception	(Small facility) The data is correct as reported; the percentage is due to additional diagnoses occurring during the patients stay.
'410828'	Seton Medical Center - Coastside	7/1/2011	12/31/2011	Type of Admission	Exception	The data is correct as reported and has been reviewed; all admissions were scheduled. After checking DDR past history this facility only has scheduled admissions.

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'370875'	Sharp Chula Vista Medical Center	7/1/2011	12/31/2011	Other Procedure	Exception	The data is correct as reported; the data has been reviewed and confirmed to be accurate. All Skilled Nursing patients must be transferred to the acute setting to have a procedure done.
'374049'	Sharp McDonald Center	7/1/2011	12/31/2011	Principal Language Spoken	Exception	Per contact, all 127 patients spoke English during this report period.
'370745'	Sharp Mesa Vista Hospital	7/1/2011	12/31/2011	Source of Admission	Exception	Per contact, they do not have an ED therefore, patients must be medically cleared before admission. Their reports show 1177 patients that came from another ER or another clinic.
'190712'	Shriners Hospital - Los Angeles	7/1/2011	12/31/2011	Total Number of Records	Exception	Per facility contact, they have opened an Ambulatory Surgery clinic, which has resulted in a shift of patient care.
'190712'	Shriners Hospital - Los Angeles	7/1/2011	12/31/2011	Type of Admission	Exception	Per facility contact, their admissions are scheduled rarely due to they have a admission which is not scheduled.
'344114'	Shriners Hospital - Northern Calif	7/1/2011	12/31/2011	ZIP Code	Exception	Facility states patient population frequently comes from out-of-country and is a service are for patient in Mexico.
'190661'	Silver Lake Medical Center - Downtown Campus	7/1/2011	12/31/2011	Expected Source of Payment	Exception	Facility confirmed that there was a different principal payer for acute vs. psychiatric care.
'190661'	Silver Lake Medical Center - Downtown Campus	7/1/2011	12/31/2011	Source of Admission	Exception	Facility confirmed these were patients transferred from other facilities' EDs.

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'190410'	Silver Lake Medical Center - Ingleside Campus	7/1/2011	12/31/2011	ZIP Code	Exception	The data is correct as reported, 361 records listed as homeless. Silver Lake is a Behavioral Health Facility and provides treatment to a high percentage of homeless patients.
'521041'	St. Elizabeth Community Hospital	7/1/2011	12/31/2011	Other Procedure	Exception	Per facility contact, they do not perform procedures on SNIC at their facility if a procedure is needed the patient is discharged to their outpatient clinic.
'190754'	St. Francis Medical Center	7/7/2011	12/31/2011	Other Procedure	Exception	Per facility they do not perform procedures on SN and Psych patients. The data is correct, reports have been verified to make sure there were no procedures.
'281078'	St. Helena Hospital	7/1/2011	12/31/2011	Other Procedure	Exception	The data is accurate as reported, patients needing other procedures are discharged and admitted to the medical unit.
'281078'	St. Helena Hospital	7/1/2011	12/31/2011	Source of Admission	Exception	The data is correct as reported. This facility draws numerous patients from other facilities ED's.
'171049'	St. Helena Hospital - Clearlake	7/1/2011	12/31/2011	Other Procedure	Exception	Facility states they discharge to their Acute if any significant procedures must be performed.
'171049'	St. Helena Hospital - Clearlake	7/1/2011	12/31/2011	Total Charges	Exception	Facility verified the charges for the 47 records and stated they have high newborn charges with a well-baby rate starting at \$3080 which typically exceeds \$3200 with tests.
'481015'	St. Helena Hospital Center for Behavioral Health	7/1/2011	12/31/2011	Other Procedure	Exception	Per facility contact, the only procedures they perform are Detox procedures.
'481015'	St. Helena Hospital Center for Behavioral Health	7/1/2011	12/31/2011	Source of Admission	Exception	Per facility contact, due to counties closing their crisis clinics 95% of their patients are coming from other facilities ER's.

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'392232'	St. Joseph's Behavioral Health Center	7/1/2011	12/31/2011	Source of Admission	Exception	The data is correct as reported; a complete audit was done on all Other patients they came from another hospital's Emergency Departments.
'392232'	St. Joseph's Behavioral Health Center	7/1/2011	12/31/2011	Type of Admission	Exception	The data is correct as reported, all admissions are unscheduled, per their business practice. DDR has been checked for past reporting periods and all have been unscheduled.
'380965'	St. Mary's Medical Center, San Francisco	7/1/2011	12/31/2011	Other Procedure	Exception	The data is correct as reported and has been verified, internal reports show no Procedures on Psychiatric patients and this is the practice of the facility. If a procedure is required the patient is discharged and readmitted when ready to return.
'194967'	Star View Adolescent - P.H.F.	7/1/2011	12/31/2011	Expected Source of Payment	Exception	Per facility contact, they are contracted with Department of Mental Health which is Other Govt.
'194967'	Star View Adolescent - P.H.F.	7/1/2011	12/31/2011	Other Diagnosis Present on Admission	Exception	Per facility contact, all diagnosis were Present on Admission, all records were verified.
'194967'	Star View Adolescent - P.H.F.	7/1/2011	12/31/2011	Other Procedure	Exception	Per facility contact, they only perform one type of procedure, which is Rehabilitation Therapy. If a patient needs any other type of procedure, they are discharged to an ER.
'194967'	Star View Adolescent - P.H.F.	7/1/2011	12/31/2011	Source of Admission	Exception	Per facility contact, clients in question came from the streets and were referred by social workers.
'194967'	Star View Adolescent - P.H.F.	7/1/2011	12/31/2011	Total Number of Records	Exception	Per facility contact, they had an increase of admissions and referrals this reporting period.
'194967'	Star View Adolescent - P.H.F.	7/1/2011	12/31/2011	Type of Admission	Exception	Per facility contact, all patients are unscheduled.

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Facility Number	Facility Name	Start Date	End Date	Data Element	Type	Notes
'250955'	Surprise Valley Community Hospital	7/1/2011	12/31/2011	Other Diagnosis Present on Admission	Exception	(Small facility) The data has been verified, all 10 patients have other diagnosis when admitted.
'250955'	Surprise Valley Community Hospital	7/1/2011	12/31/2011	Other Procedure	Exception	(Small facility) The data is correct, there were no Other Procedures done on the 6 S/N patients. If a procedure is required the patient is transferred to acute and back to S/N.
'250955'	Surprise Valley Community Hospital	7/1/2011	12/31/2011	Principal Language Spoken	Exception	(Small facility) The 10 patients all are English speaking and have been verified.
'250955'	Surprise Valley Community Hospital	7/1/2011	12/31/2011	Race	Exception	(Small facility) The data is correct as reported. This is a very small facility (only 10 patients this report period) and all patients are Non-Hispanic and White.
'344017'	Sutter Center for Psychiatry	7/1/2009	12/31/2011	Source of Admission	Exception	Per facility, they only get patients coming in from Home. The data is accurate.
'341051'	Sutter General Hospital	7/1/2011	12/31/2011	Other Procedure	Exception	The data is correct as reported, the records have been reviewed and confirmed. This facility does not do procedures in SN, they discharge and readmit when complete.
'444012'	Sutter Maternity & Surgery Center	7/1/2011	12/31/2011	Other E-Code Present on Admission	Exception	Per facility contact, all charts were verified any misadventure or complication reported most likely occurred during their episode of care. There were no Other E-Codes reported.
'444012'	Sutter Maternity & Surgery Center	7/1/2011	12/31/2011	Prehospital Care and Resuscitation	Exception	Per facility contact, they do not have critically ill patients therefore; they do not offer DNR within 25 hours of patient admittance.

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'514030'	Sutter Surgical Hospital - North Valley	7/1/2011	12/31/2011	Prehospital Care and Resuscitation	Exception	Facility contact verified that none of their patients had a DNR on file.
'514030'	Sutter Surgical Hospital - North Valley	7/1/2011	12/31/2011	Type of Admission	Exception	Facility contact verified they do not have an ER therefore, all patients are scheduled.
'514001'	Sutter-Yuba - P.H.F.	7/1/2010	12/31/2011	Other Procedure	Exception	Per facility contact, they do not perform any type of procedure as they are not a medical hospital. If a procedure is needed, that patient is sent to another facility.
'291053'	Tahoe Forest Hospital	7/1/2011	12/31/2011	Other Procedure	Exception	Per facility contact, there were no "Other" procedures performed on SNIC patients this report period. If needed they are discharged from SNIC and admitted to acute.
'190782'	Tarzana Treatment Center	1/1/2010	12/31/2011	Other Procedure	Exception	Facility contact verified they do not perform other procedures, they only perform drug and alcohol procedures.
'190782'	Tarzana Treatment Center	7/1/2011	12/31/2011	Source of Admission	Exception	The data is correct as reported, this is a psych facility and patients are all on a waiting list to be admitted; all come from home.
'014207'	Telecare Heritage Psychiatric Health Facility	7/1/2011	12/31/2011	Expected Source of Payment Type of Coverage	Exception	Facility confirmed these records were an HMO contract with Kaiser.
'014207'	Telecare Heritage Psychiatric Health Facility	7/1/2011	12/31/2011	Other Diagnosis Present on Admission	Exception	Facility confirmed patients are first seen at another facility and all diagnosis are present on admission.

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'014207'	Telecare Heritage Psychiatric Health Facility	7/1/2011	12/31/2011	Other Procedure	Exception	Facility confirmed medical procedures are sent out to an ED. Only psych codes reported.
'014207'	Telecare Heritage Psychiatric Health Facility	7/1/2011	12/31/2011	Source of Admission Site	Exception	Facility confirmed these were all admissions from other facilities' EDs.
'014207'	Telecare Heritage Psychiatric Health Facility	7/1/2011	12/31/2011	Type of Admission	Exception	Facility confirmed all admission are unscheduled as all patients are 5150 transferred from other facilities.
'314029'	Telecare Placer Co. P.H.F.	7/1/2007	12/31/2012	Type of Admission	Exception	Per facility, the data is correct and they always have 100% Unscheduled admits.
'014226'	Telecare Willow Rock Center	7/1/2011	12/31/2011	Expected Source of Payment Name of Plan	Exception	Per facility - the plan codes reported are all from Kaiser.
'014226'	Telecare Willow Rock Center	7/1/2011	12/31/2011	Other Diagnosis Present on Admission	Exception	Per facility - other diagnosis present on admission No is correct.
'014226'	Telecare Willow Rock Center	7/1/2011	12/31/2011	Source of Admission Site	Exception	Per facility records reported in Other are from Kaiser or Seneca ERs.
'014226'	Telecare Willow Rock Center	7/1/2011	12/31/2011	Type of Admission	Exception	Per facility - Seneca triages all admission to Willow Rock; all coming into Willow Rock are Unscheduled.
'564121'	Thousand Oaks Surgical Hospital	7/1/2011	12/31/2011	Other E-Code	Exception	Per contact out of the 26 records, which did have an e-code, all of the other-e-codes Present on Admission happened after admission.
'010782'	Thunder Road Chemical Depndcy Rcvry Hosp	7/1/2011	12/31/2011	Principal Language Spoken	Exception	Per facility, they reviewed all 68 records and each patient spoke English fluently. The data is accurate.
'010782'	Thunder Road Chemical Depndcy Rcvry Hosp	7/1/2011	12/31/2011	Principal Procedure	Exception	Per facility, they do not do procedures at this facility and if any are needed the patient is discharged to another hospital. The data is accurate.

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'010782'	Thunder Road Chemical Depndcy Rcvry Hosp	7/1/2011	12/31/2011	Type of Admission	Exception	Per facility, each patient is assessed and scheduled for treatment prior to being admitted to the facility. The data is accurate.
'191225'	Tom Redgate Memorial Recovery Center	7/1/2011	12/31/2011	Expected Source of Payment	Exception	Per facility contact, they are a nonprofit, county, state, and federal subsidized chemical dependency hospital. All payers fall under one category, Other Government.
'191225'	Tom Redgate Memorial Recovery Center	7/1/2011	12/31/2011	Principal E-code	Exception	Per facility contact, all E-Codes occurred while in their facility. Data is accurate as reported.
'191225'	Tom Redgate Memorial Recovery Center	7/1/2011	12/31/2011	Source of Admission	Exception	Per facility contact, due to budget cuts they have lost some of their contract, now 100% of their patients come from home.
'191225'	Tom Redgate Memorial Recovery Center	7/1/2011	12/31/2011	ZIP Code	Exception	Per facility contact they serve a large number of homeless in their area.
'531059'	Trinity General Hospital	10/1/2011	12/31/2011	Principal Language Spoken	Exception	Facility states one language is reported because "our county is not very diversified".
'551061'	TUOLUMNE GENERAL MEDICAL FACILITY	7/1/2011	11/23/2011	Expected Source of Payment Payer Category	Exception	The data has been verified to be correct, all patients are Long Term Care patients with Medi-Cal insurance.
'551061'	TUOLUMNE GENERAL MEDICAL FACILITY	7/1/2011	11/23/2011	Other E-Code Present on Admission	Exception	The data has been verified to be correct, all patients had no other E-Codes present.
'551061'	TUOLUMNE GENERAL MEDICAL FACILITY	7/1/2011	11/23/2011	Other Procedure	Exception	The data has been verified to be correct, all patients are Long Term Care patients and do not have reportable other procedure codes.

Appendix I
Modifications, Non-Compliance, Exceptions
Patient Discharge Data
January - December 2011

Facility Number	Facility Name	Start Date	End Date	Data Element	Type	Notes
'551061'	TUOLUMNE GENERAL MEDICAL FACILITY	7/1/2011	11/23/2011	Prehospital Care and Resuscitation	Exception	The data has been verified to be correct, all patients are Long Term Care patients and the policy is for all patients have a completed DNR.
'551061'	TUOLUMNE GENERAL MEDICAL FACILITY	7/1/2011	11/23/2011	Principal Language Spoken	Exception	The data has been verified to be correct, all patients are English speaking.
'551061'	TUOLUMNE GENERAL MEDICAL FACILITY	7/1/2011	11/23/2011	Principal Procedure	Exception	The data has been verified to be correct, all patients are Long Term Care patients and do not have reportable procedure codes.
'400548'	Twin Cities Community Hospital	7/1/2011	12/31/2011	Total Charges	Exception	Facility contact states, reviewed the medical records with Total Charges Over \$3200 and verified that charges belong to the Newborns. All procedures that are coded by HIM are present and accurate. The NB room rate increased by 5% over last year and all newborns receive a NB panel, hearing screen and Hep B vaccine. In addition, some newborns are tested for ABO/RHO compatibility when necessary.
'381154'	U.C.S.F. Medical Center	7/1/2011	12/31/2011	Source of Admission	Exception	Facility confirmed these are admissions from other facilities' EDs.
'560481'	Ventura County Medical Center	7/1/2011	12/31/2011	Other Procedure	Exception	The data is correct as reported. If a procedure is needed the patient is discharged and admitted to the inpatient unit and then re admitted after the procedure is performed.
'560481'	Ventura County Medical Center	7/1/2011	12/31/2011	Principal Language Spoken	Exception	The data is correct as submitted. Mixteco is a language for this hospital population.

Appendix I
Modifications, Non-Compliance, Exceptions
Patient Discharge Data
January - December 2011

Facility Number	Facility Name	Start Date	End Date	Data Element	Type	Notes
'560481'	Ventura County Medical Center	7/1/2011	12/31/2011	Race	Exception	The data is correct as submitted, these are truly unknowns. Patients self declare their race and ethnicity.
'301188'	Western Medical Center-Anaheim	7/1/2011	12/31/2011	Source of Admission	Exception	The data is correct as reported, there is a high level of patients coming from other hospitals ED's for further evaluation or admission.

HOSPITAL INPATIENT

MANUAL ABSTRACT REPORTING FORM

Effective with Discharges on or after January 1, 2010

Instructions: For a description of the data elements, refer to the appropriate section of the Patient Data Reporting Requirements
(Title 22, Sections 97216 through 97234)

TYPE OF CARE 1 Acute 5 Chem Dep <input type="checkbox"/> 3 SN/IC 6 Physical Rehab <input type="checkbox"/> 4 Psychiatric		FACILITY ID NUMBER <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>		ABSTRACT RECORD NUMBER (Optional) <div style="border: 1px solid black; width: 200px; height: 20px; margin: 0 auto;"></div>	
DATE OF BIRTH <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-around; font-size: small; margin-top: 2px;"> Month Day Year (4 - Digit) </div>		PATIENT'S SOCIAL SECURITY NUMBER <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="text-align: center; font-size: small; margin-top: 2px;">Report 000 00 0001 if SSN is Unknown</div>		SEX 1 Male 3 Other <input type="checkbox"/> 2 Female 4 Unknown	
ETHNICITY 1 Hispanic <input type="checkbox"/> 2 Non-Hispanic 3 Unknown		RACE 1 White 4 Asian/Pacific <input type="checkbox"/> 2 Black Islander 3 Native American/ 5 Other Eskimo/Aleut 6 Unknown		ZIP CODE <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	
ADMISSION DATE <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-around; font-size: small; margin-top: 2px;"> Month Day Year (4 - Digit) </div>		DISCHARGE DATE <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-around; font-size: small; margin-top: 2px;"> Month Day Year (4 - Digit) </div>		TOTAL CHARGES <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> <div style="text-align: center; font-size: small; margin-top: 2px;">(Report whole dollars only, right justified)</div>	
SOURCE OF ADMISSION <div style="display: flex;"> <div style="flex: 1;"> SITE 1 Home 6 Other <u>Inpatient</u> 2 Residential Hospital Care Care Facility 7 Newborn <input type="checkbox"/> 3 Ambulatory 8 Prison/Jail <input type="checkbox"/> Surgery 9 Other 4 SN/IC 5 Acute <u>Inpatient</u> Hospital Care </div> <div style="flex: 1; border-left: 1px solid black; padding-left: 10px;"> LICENSURE OF SITE 1 This Hospital 2 Another Hospital <input type="checkbox"/> 3 Not a Hospital </div> <div style="flex: 1; border-left: 1px solid black; padding-left: 10px;"> ROUTE 1 <u>Your</u> ER 2 Not <u>Your</u> ER (or no ER) <input type="checkbox"/> </div> </div>				TYPE OF ADMISSION 1 Scheduled 2 Unscheduled 3 Infant, under 24 hrs old <input type="checkbox"/> 4 Unknown	
EXPECTED SOURCE OF PAYMENT PAYER CATEGORY 01 Medicare 06 Other Government 02 Medi-Cal 07 Other Indigent <input type="checkbox"/> 03 Private Coverage 08 Self Pay <input type="checkbox"/> 04 Workers' 09 Other Payer Compensation 05 County Indigent Programs		TYPE OF COVERAGE 1 Managed Care - Knox - Keene/ MCOHS <input type="checkbox"/> 2 Managed Care - Other 3 Traditional Coverage		NAME OF PLAN <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> <div style="text-align: center; font-size: small; margin-top: 2px;">(0001 - 9999 Plan Code Number)</div>	
DISPOSITION OF PATIENT: <input type="checkbox"/> <input type="checkbox"/> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> 01 Routine (Home) Within This Hospital 02 Acute Care 03 Other Care 04 SN/IC To Another Hospital 05 Acute Care 06 Other Care (Not SN/IC) </div> <div style="width: 45%;"> 07 SN/IC 08 Residential Care Facility 09 Prison/Jail 10 Against Medical Advice 11 Died 12 Home Health Service 13 Other </div> </div>				PREHOSPITAL CARE AND RESUSCITATION DNR orders at admission or within 24 hrs of admission Y = Yes <input type="checkbox"/> N = No	

Page 2 of 3

Instructions: For a description of the data elements, refer to the appropriate section of the Patient Data Reporting Requirements (Title 22, Sections 97216 through 97234)

PRINCIPAL LANGUAGE SPOKEN

Enter a valid 3-letter PLS Code from either OSHPD's list of PLS Codes in the Inpatient Reporting Manual, Section 97234; or from the ISO 639-2 Code List at www.loc.gov/standards/iso63902

If the patient's language is not included in either of these lists, then enter the language spoken in the space provided.

[illegible]

PRINCIPAL EXTERNAL CAUSE OF INJURY E-CO

E				
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PRESENT ON ADMISSION

7

Y = Yes

N = No

U = Unknown

W = Clinically Undetermined

blank = Exempt from POA reporting

OTHER EXTERNAL CAUSE OF INJURY E-CODES

PRESENT ON ADMISSION

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT
HOSPITAL INPATIENT
MANUAL ABSTRACT REPORTING FORM
Effective with Discharges on or after January 1, 2010

Page 3 of 3

Instructions: For a description of the data elements, refer to the appropriate section of the Patient Data Reporting Requirements
 (Title 22, Sections 97216 through 97234)

PRINCIPAL DIAGNOSIS

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PRESENT ON ADMISSION

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Y = Yes
 N = No
 U = Unknown
 W = Clinically Undetermined
 blank = Exempt from POA reporting

OTHER DIAGNOSES

a.					
b.					
c.					
d.					
e.					
f.					
g.					
h.					
i.					
j.					
k.					
l.					

PRESENT ON ADMISSION

m.					
n.					
o.					
p.					
q.					
r.					
s.					
t.					
u.					
v.					
w.					
x.					

12. PRINCIPAL PROCEDURE AND DATE

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Month | Day | Year (4-Digit)

13. OTHER PROCEDURES AND DATES

a.									
b.									
c.									
d.									
e.									
f.									
g.									
h.									
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k.									
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q.									
r.									
s.									
t.									

Appendix K
County Names and Codes (Public File)
January – December 2011

County #	Name	County #	Name
01	Alameda	36	San Bernardino
02	Alpine	37	San Diego
03	Amador	38	San Francisco
04	Butte	39	San Joaquin
05	Calaveras	40	San Luis Obispo
06	Colusa	41	San Mateo
07	Contra Costa	42	Santa Barbara
08	Del Norte	43	Santa Clara
09	El Dorado	44	Santa Cruz
10	Fresno	45	Shasta
11	Glenn	46	Sierra
12	Humboldt	47	Siskiyou
13	Imperial	48	Solano
14	Inyo	49	Sonoma
15	Kern	50	Stanislaus
16	Kings	51	Sutter
17	Lake	52	Tehama
18	Lassen	53	Trinity
19	Los Angeles	54	Tulare
20	Madera	55	Tuolumne
21	Marin	56	Ventura
22	Mariposa	57	Yolo
23	Mendocino	58	Yuba
24	Merced	Small County Groups	
25	Modoc		
26	Mono	CE	Alpine, Inyo, Mariposa and Mono counties
27	Monterey	NE	Modoc, Plumas and Sierra counties
28	Napa	NW	Colusa and Trinity counties
29	Nevada		
30	Orange		
31	Placer		
32	Plumas		
33	Riverside		
34	Sacramento		
35	San Benito		

Appendix L
CONSOLIDATION FACILITY LISTING
January – December 2011

Satellite Facility ID	Satellite Facility Name	Consolidation Date	Combined Report Period Method	Begin Date	End Date	Post Date	Unconsolidation Date
<i>Parent Facility ID: 164029</i>							
<i>Parent Facility Name: Adventist Medical Center</i>							
100793	SELMA COMMUNITY HOSPITAL	12/05/2010	Y	12/06/2010		01/25/2011	
<i>Parent Facility ID: 010846</i>							
<i>Parent Facility Name: Alameda County Medical Center</i>							
010811	ALAMEDA CO MED CTR - FAIRMONT CAMPUS	07/01/1993	Y	07/01/1993		05/01/2002	
<i>Parent Facility ID: 010735</i>							
<i>Parent Facility Name: Alameda Hospital</i>							
010956	ALAMEDA HOSPITAL-SOUTH SHORE CONVALESCENT HOSPITAL (D/P SNF)	08/16/2008	Y	01/01/2009		04/09/2009	
<i>Parent Facility ID: 010739</i>							
<i>Parent Facility Name: Alta Bates Summit Medical Center-Alta Bates Campus</i>							
010844	Alta Bates Summit Medical Center-Herrick Campus	10/01/1989	N	01/01/1997		04/04/2002	
<i>Parent Facility ID: 010937</i>							
<i>Parent Facility Name: Alta Bates Summit Medical Center-Summit-Hawthorne</i>							
013626	ALTA BATES SUMMIT MED. CTR.-SUMMIT CAMPUS-SUMMIT	09/01/1989	Y	09/01/1989		05/01/2002	
<i>Parent Facility ID: 370652</i>							
<i>Parent Facility Name: Alvarado Hospital Medical Center</i>							
374063	ALVARADO HOSPITAL - SDRI	06/01/2000	Y	06/01/2000		06/27/2002	
<i>Parent Facility ID: 301097</i>							
<i>Parent Facility Name: Anaheim General Hospital</i>							
301109	ANAHEIM GENERAL HOSPITAL - BUENA PARK CAMPUS	06/12/1996	Y	06/12/1996		05/01/2002	
<i>Parent Facility ID: 380929</i>							
<i>Parent Facility Name: California PAC Med Ctr-Pacific Campus</i>							
380826	CALIFORNIA PACIFIC MED CTR-CALIFORNIA EAST	06/16/1994	Y	06/16/1994		05/01/2002	
380777	CALIFORNIA PACIFIC MED CTR-CALIFORNIA WEST	06/16/1994	Y	06/16/1994		05/01/2002	
380933	California Pacific Med Ctr-Davies Campus	07/30/1998	Y	07/30/1998	12/31/2011	05/01/2002	
<i>Parent Facility ID: 190636</i>							
<i>Parent Facility Name: Citrus Valley Medical Center-Q.V. Campus</i>							
190413	Citrus Valley Medical Center-I.C. Campus	01/01/1998	N	01/01/1998		04/04/2002	
<i>Parent Facility ID: 100717</i>							
<i>Parent Facility Name: Community Regional Medical Center-Fresno</i>							
104008	COMMUNITY BEHAVIORAL HEALTH CENTER	12/01/2002	Y	12/01/2002		01/14/2003	
100718	COMMUNITY SUBACUTE AND TRANSITIONAL CARE CENTER (D/P)	10/20/2009	Y	10/20/2009		08/16/2010	
<i>Parent Facility ID: 331152</i>							
<i>Parent Facility Name: Corona Regional Medical Center - Main</i>							
331145	CORONA REGIONAL MEDICAL CENTER-MAGNOLIA	01/01/2002	Y	01/01/2002		10/09/2002	
<i>Parent Facility ID: 500852</i>							
<i>Parent Facility Name: Doctors Medical Center</i>							

Appendix L
CONSOLIDATION FACILITY LISTING
January – December 2011

Satellite Facility ID	Satellite Facility Name	Consolidation Date	Combined Report Period Method	Begin Date	End Date	Post Date	Unconsolidation Date
501016	DOCTORS MEDICAL CENTER - BEHAVIORAL HEALTH DEPARTMENT	11/01/2007	Y	11/01/2007		12/05/2007	
Parent Facility ID: 440755 Parent Facility Name: Dominican Santa Cruz Hospital - Soquel							
441807	DOMINICAN SANTA CRUZ HOSPITAL/FREDERICK	03/08/1990	Y	03/08/1990		05/01/2002	
Parent Facility ID: 320859 Parent Facility Name: Eastern Plumas Hosp-Portola Campus							
461024	EASTERN PLUMAS HOSP-LOYALTON CAMPUS	12/01/2003	Y	12/01/2003		01/13/2004	
Parent Facility ID: 010805 Parent Facility Name: Eden Medical Center							
013619	San Leandro Hospital	07/01/2004	N	07/01/2004		02/09/2005	
Parent Facility ID: 430763 Parent Facility Name: El Camino Hospital							
430743	EL CAMINO HOSPITAL LOS GATOS	04/11/2009	Y	04/11/2009		08/06/2009	
Parent Facility ID: 500867 Parent Facility Name: Emanuel Medical Center							
500806	BRANDEL MANOR (D/P SNF OF EMANUAL MEDICAL CTR INC	01/02/2003	Y	01/02/2003		07/10/2003	
Parent Facility ID: 040962 Parent Facility Name: Enloe Medical Ctr.-Esplanade							
040828	ENLOE MEDICAL CENTER - COHASSET CAMPUS	06/30/1998	Y	06/30/1998		05/01/2002	
044011	ENLOE REHABILITATION CENTER	06/30/1998	Y	06/30/1998		05/01/2002	
Parent Facility ID: 370705 Parent Facility Name: Fallbrook Hospital District							
370704	FALLBROOK HOSP DISTRICT SKILLED NURSING FACILITY (D/P)	01/01/2003	Y	01/01/2003		07/10/2003	
Parent Facility ID: 301175 Parent Facility Name: Fountain Valley Rgnl Hosp & MC-Euclid							
304039	FOUNTAIN VALLEY RGNL HOSP & MED CTR - WARNER	05/25/1993	Y	05/25/1993		05/01/2002	
Parent Facility ID: 430779 Parent Facility Name: Good Samaritan Hospital							
430915	MISSION OAKS HOSPITAL	04/26/1990	Y	04/26/1990		05/01/2002	
Parent Facility ID: 150775 Parent Facility Name: Good Samaritan Hospital-Bakersfield							
154044	GOOD SAMARITAN HOSPITAL-SOUTHWEST D/P APH	12/29/2006	Y	12/29/2006		02/27/2007	
Parent Facility ID: 350784 Parent Facility Name: Hazel Hawkins Memorial Hospital							
351814	HAZEL HAWKINS CONVALESCENT HOSPITAL - SUNSET (D/P)	01/01/2003	Y	01/01/2003		07/10/2003	
Parent Facility ID: 331194 Parent Facility Name: Hemet Valley Medical Center							
334032	HEMET VALLEY HEALTH CARE CENTER (D/P)	01/01/2003	Y	01/01/2003		07/10/2003	

Appendix L
CONSOLIDATION FACILITY LISTING
January – December 2011

Satellite Facility ID	Satellite Facility Name	Consolidation Date	Combined Report Period Method	Begin Date	End Date	Post Date	Unconsolidation Date
<i>Parent Facility ID: 301205</i>							
<i>Parent Facility Name: Hoag Memorial Hospital Presbyterian</i>							
304045	HOAG HOSPITAL IRVINE	02/19/2009	Y	08/27/2010		10/06/2010	
<i>Parent Facility ID: 190380</i>							
<i>Parent Facility Name: Hollywood Community Hosp of Hollywood</i>							
190814	Hollywood Community Hospital of Van Nuys D/P APH	01/01/1992	N	01/01/1997		04/04/2002	
<i>Parent Facility ID: 301132</i>							
<i>Parent Facility Name: Kaiser Fdn Hosp - Anaheim</i>							
304306	KAISER FDN HOSP - IRVINE	05/07/2008	Y	05/07/2008		06/02/2008	
<i>Parent Facility ID: 010858</i>							
<i>Parent Facility Name: Kaiser Fdn Hosp - Hayward/Fremont</i>							
014132	KAISER FDN HOSP - FREMONT	12/01/1996	Y	01/01/2009		04/09/2009	
<i>Parent Facility ID: 190429</i>							
<i>Parent Facility Name: Kaiser Fdn Hosp - Los Angeles</i>							
190646	KAISER FDN HOSP - MENTAL HEALTH CENTER	07/27/1994	Y	01/01/2010		01/21/2010	
<i>Parent Facility ID: 394009</i>							
<i>Parent Facility Name: Kaiser Fdn Hosp - Manteca</i>							
504042	KAISER FDN HOSP - MODESTO	10/01/2008	Y	10/01/2008		03/16/2009	
<i>Parent Facility ID: 010856</i>							
<i>Parent Facility Name: Kaiser Fdn Hosp - Oakland Campus</i>							
074093	KAISER FDN HOSP - RICHMOND CAMPUS	09/07/1995	Y	01/01/2009		04/16/2009	
<i>Parent Facility ID: 540734</i>							
<i>Parent Facility Name: Kaweah Delta Medical Center</i>							
544009	KAWEAH DELTA MENTAL HEALTH HOSPITAL (D/P APH)	01/01/2003	Y	01/01/2003		07/10/2003	
544075	KAWEAH DELTA REHABILITATION HOSPITAL (D/P REHAB.)	12/06/2006	Y	10/01/2007		01/17/2008	
540827	KAWEAH DELTA SKILLED NURSING FACILITY D/P SNF	02/01/1996	Y	02/01/1996		05/01/2002	
<i>Parent Facility ID: 190449</i>							
<i>Parent Facility Name: Kindred Hospital - La Mirada</i>							
190458	KINDRED HOSPITAL - SAN GABRIEL VALLEY	10/07/1997	Y	10/07/1997		05/01/2002	
301167	KINDRED HOSPITAL-SANTA ANA	10/07/1997	Y	10/07/1997		05/01/2002	
<i>Parent Facility ID: 390923</i>							
<i>Parent Facility Name: Lodi Memorial Hospital</i>							
390922	LODI MEMORIAL HOSPITAL - WEST	09/05/1990	Y	09/05/1990		05/01/2002	
<i>Parent Facility ID: 361246</i>							
<i>Parent Facility Name: Loma Linda University Medical Center</i>							
361245	LOMA LINDA UNIVERSITY COMMUNITY MEDICAL CENTER	01/01/1994	Y	01/01/1994		05/01/2002	
364268	LOMA LINDA UNIVERSITY HEART AND SURGICAL HOSPITAL	01/02/2009	Y	01/02/2009		03/03/2011	

Appendix L
CONSOLIDATION FACILITY LISTING
January – December 2011

Satellite Facility ID	Satellite Facility Name	Consolidation Date	Combined Report Period Method	Begin Date	End Date	Post Date	Unconsolidation Date
<i>Parent Facility ID: 420491</i>							
<i>Parent Facility Name: Lompoc Valley Medical Center</i>							
420552	LOMPOC VALLEY MEDICAL CENTER COMPREHENSIVE CARE CENTER (D/P)	01/01/2003	Y	01/01/2003		07/10/2003	
<i>Parent Facility ID: 190198</i>							
<i>Parent Facility Name: Los Angeles Community Hospital</i>							
190570	Los Angeles Comm Hospital of Norwalk	08/01/1994	N	01/01/1999		04/04/2002	
<i>Parent Facility ID: 190854</i>							
<i>Parent Facility Name: Los Angeles Metropolitan Medical Center</i>							
190523	LOS ANGELES METROPOLITAN MED CTR-HAWTHORNE CAMPU	04/13/1997	Y	04/13/1997		05/01/2002	
<i>Parent Facility ID: 560492</i>							
<i>Parent Facility Name: Los Robles Hospital & Medical Center</i>							
564018	LOS ROBLES HOSPITAL & MEDICAL CENTER - EAST CAMPUS	12/16/1997	Y	12/16/1997		07/05/2002	
<i>Parent Facility ID: 150761</i>							
<i>Parent Facility Name: Mercy Hospital - Bakersfield</i>							
154108	MERCY SOUTHWEST HOSPITAL	07/15/1992	Y	07/15/1992		05/01/2002	
<i>Parent Facility ID: 410852</i>							
<i>Parent Facility Name: Mills-Peninsula Medical Center</i>							
410742	MILLS PENINSULA HEALTH CENTER	11/19/1997	Y	11/19/1997		05/01/2002	
414081	MILLS-PENINSULA EXTENDED CARE MPH (D/P SNF)	06/06/2005	Y	06/06/2005		09/08/2010	
<i>Parent Facility ID: 301262</i>							
<i>Parent Facility Name: Mission Hospital Regional Medical Center</i>							
301337	Mission Hospital Laguna Beach	07/01/2009	N	07/01/2009		09/22/2009	
<i>Parent Facility ID: 481357</i>							
<i>Parent Facility Name: North Bay Medical Center</i>							
484001	North Bay Vacavalley Hospital	02/01/2002	N	02/01/2002		10/07/2002	
<i>Parent Facility ID: 500967</i>							
<i>Parent Facility Name: Oak Valley District Hospital</i>							
501352	OAK VALLEY CARE CENTER (D/P SNF)	01/01/2003	Y	01/01/2003		07/10/2003	
<i>Parent Facility ID: 560501</i>							
<i>Parent Facility Name: Ojai Valley Community Hospital</i>							
560500	OJAI MANOR CONVALESCENT HOSPITAL (D/P)	01/01/2003	Y	01/01/2003		07/10/2003	
<i>Parent Facility ID: 190587</i>							
<i>Parent Facility Name: Pacific Hospital of Long Beach</i>							
190477	PACIFIC HOSPITAL - SOUTH CAMPUS D/P APH	11/21/2002	Y	11/21/2002		01/15/2003	
<i>Parent Facility ID: 370755</i>							
<i>Parent Facility Name: Palomar Medical Center</i>							
371696	PALOMAR CONTINUING CARE CENTER (D/P)	01/01/2003	Y	01/01/2003		07/10/2003	

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Satellite Facility ID	Satellite Facility Name	Consolidation Date	Combined Report Period Method	Begin Date	End Date	Post Date	Unconsolidation Date
<i>Parent Facility ID: 370759</i>							
<i>Parent Facility Name: Paradise Valley Hospital</i>							
370775	PARADISE VALLEY HSP (D/P APH BAYVIEW BEH HLTH)	01/01/2003	Y	01/01/2003		07/10/2003	
<i>Parent Facility ID: 190468</i>							
<i>Parent Facility Name: Promise Hospital of East LA - East LA Campus</i>							
190599	PROMISE HOSPITAL OF EAST LA - SUBURBAN CAMPUS	02/15/2005	Y	03/01/2005		05/16/2005	
<i>Parent Facility ID: 190680</i>							
<i>Parent Facility Name: Providence Little Company of Mary MC - San Pedro</i>							
190788	PROVIDENCE LITTLE CO OF MARY SUBACUTE CARE CENTER	01/01/2003	Y	01/01/2003		07/10/2003	
190362	PROVIDENCE LITTLE COMPANY OF MARY SUBACUTE CARE CENTER	01/01/2003	Y	01/01/2003		07/10/2003	
<i>Parent Facility ID: 190470</i>							
<i>Parent Facility Name: Providence Little Company of Mary MC - Torrance</i>							
190702	PROVIDENCE LITTLE CO. OF MARY TRANSITIONAL CARE UNIT (D/P SNF)	01/01/2003	Y	01/01/2003		07/10/2003	
<i>Parent Facility ID: 370673</i>							
<i>Parent Facility Name: Rady Children's Hospital - San Diego</i>							
370777	RADY CHILDREN'S CONVALESCENT HOSPITAL (D/P)	01/01/2003	Y	01/01/2003		07/10/2003	
<i>Parent Facility ID: 580996</i>							
<i>Parent Facility Name: Rideout Memorial Hospital</i>							
510882	Fremont Hospital-Yuba City	11/01/2003	Y	01/01/2010		02/04/2010	
<i>Parent Facility ID: 334487</i>							
<i>Parent Facility Name: Riverside Co Regional Medical Center</i>							
331314	RIVERSIDE COUNTY REGIONAL MEDICAL CENTER - (D/P APH)	01/01/2003	Y	01/01/2003		07/10/2003	
<i>Parent Facility ID: 301317</i>							
<i>Parent Facility Name: Saddleback Memorial Medical Center</i>							
301325	SADDLEBACK MEMORIAL MEDICAL CENTER - SAN CLEMENTE	02/01/2005	Y	01/01/2009		04/08/2009	
<i>Parent Facility ID: 374055</i>							
<i>Parent Facility Name: San Diego County Psychiatric Hospital</i>							
370696	EDGEMOOR GERIATRIC HOSPITAL (D/P)	07/01/2004	Y	07/01/2004		03/03/2005	
<i>Parent Facility ID: 410782</i>							
<i>Parent Facility Name: San Mateo Medical Center</i>							
413500	BURLINGAME HEALTH CARE CENTER (D/P SNF)	08/01/2003	Y	08/01/2003		01/27/2006	
<i>Parent Facility ID: 420514</i>							
<i>Parent Facility Name: Santa Barbara Cottage Hospital</i>							
424047	REHAB. INSTITUTE AT SANTA BARBARA	09/20/2007	Y	09/20/2007		12/18/2007	
<i>Parent Facility ID: 491064</i>							
<i>Parent Facility Name: Santa Rosa Memorial Hospital</i>							
490907	SANTA ROSA MEMORIAL HOSPITAL-SOTOYOME	02/01/1984	Y	02/01/1984		05/01/2002	

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<i>Parent Facility ID: 370744</i>							
<i>Parent Facility Name: Scripps Mercy Hospital</i>							
370658	SCRIPPS MERCY HOSPITAL CHULA VISTA	10/01/2004	Y	01/01/2009		04/20/2009	
<i>Parent Facility ID: 410817</i>							
<i>Parent Facility Name: Seton Medical Center</i>							
410828	Seton Medical Center - Coastsides	02/01/2005	N	02/01/2005		07/07/2005	
<i>Parent Facility ID: 370689</i>							
<i>Parent Facility Name: Sharp Coronado Hospital & Healthcare Ctr</i>							
374321	VILLA CORONADO CONVALESCENT (D/P SNF)	01/01/2003	Y	01/01/2003		07/10/2003	
<i>Parent Facility ID: 370694</i>							
<i>Parent Facility Name: Sharp Memorial Hospital</i>							
370695	Sharp Mary Birch Hospital for Women and Newborns	11/01/2009	Y	11/01/2009	12/31/2011	01/19/2010	
<i>Parent Facility ID: 190661</i>							
<i>Parent Facility Name: Silver Lake Medical Center - Downtown Campus</i>							
190410	Silver Lake Medical Center - Ingleside Campus	03/01/2000	N	03/01/2000		04/04/2002	
<i>Parent Facility ID: 554011</i>							
<i>Parent Facility Name: Sonora Regional Medical Center - Greenley</i>							
552209	SONORA REGIONAL MEDICAL CENTER - FAIRVIEW	01/01/2006	Y	01/01/2006		01/31/2006	
551035	SONORA REGIONAL MEDICAL CENTER D/P SNF (UNIT 6 AND 7)	01/01/2006	Y	01/01/2006		01/31/2006	
<i>Parent Facility ID: 334068</i>							
<i>Parent Facility Name: Southwest Healthcare System-Murrieta</i>							
334001	SOUTHWEST HEALTHCARE SYSTEM-WILDOMAR	07/01/2002	Y	07/01/2002		01/14/2003	
<i>Parent Facility ID: 121080</i>							
<i>Parent Facility Name: St. Joseph Hospital - Eureka</i>							
120981	GENERAL HOSPITAL, THE	12/22/2000	Y	05/01/2002		10/07/2002	
<i>Parent Facility ID: 341051</i>							
<i>Parent Facility Name: Sutter General Hospital</i>							
341052	Sutter Memorial Hospital	03/01/1996	N	01/01/1997		04/04/2002	
341119	SUTTER OAKS NURSING CENTER - MIDTOWN (D/P)	01/01/2003	Y	01/01/2003		07/10/2003	
<i>Parent Facility ID: 381154</i>							
<i>Parent Facility Name: U.C.S.F. Medical Center</i>							
380895	UCSF MEDICAL CENTER AT MT ZION	04/01/2001	Y	04/01/2001		05/01/2002	
<i>Parent Facility ID: 370782</i>							
<i>Parent Facility Name: UCSD Medical Center</i>							
374141	UCSD - LA JOLLA, JOHN M. & SALLY B. THORNTON HOSPITAL	07/20/1993	Y	01/01/2004		07/20/2004	
374047	UNIVERSITY OF CALIF, SAN DIEGO MEDICAL CTR D/P APH	01/01/2003	Y	01/01/2003		07/10/2003	
<i>Parent Facility ID: 014050</i>							
<i>Parent Facility Name: Valleycare Medical Center</i>							

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010983	VALLEY MEMORIAL HOSPITAL	01/01/2008	Y	01/01/2008		01/02/2008	
<i>Parent Facility ID: 560481</i> <i>Parent Facility Name: Ventura County Medical Center</i>							
560521	VENTURA COUNTY MEDICAL CENTER - SANTA PAULA HOSP	07/12/2006	Y	07/12/2006		10/04/2006	